07171

Dr. Ellis

July 13, 1955

13.

Naulte

CERTIFICATE OF DEATH

63

(Husband IX Mr. Anthur S. Ahrens)

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY WICOMICO MARYLAND		Vicomico
CITY (If outside corporate limits, write RURAL OR and give nearest fown) Salisbury CITY (If outside corporate limits, write RURAL (in this place)	CITY (il outside corporate limits, write RURAL and give near TOWN	rest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Mospital	STREET (If rural give location) ADDRESS 309 New York Ave.	1
3. NAME OF (First) (Middle) DECEASED (Type or Print) GRACE LORINE	AIRENS 4. DATE (Month) OF DEATH JULY	(Dey) (Yeer) 9 th 19 55
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, Sept.	PF BIRTH 9. AGE last birthday 12, 1900 54 yrs. 1F UNDER Months	Days Hours Min.
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12 Uhrichsville Ohio	COUNTRY?
13. FATHER'S NAME Peter Albert Schupp	14. MOTHER'S MAIDEN NAME Elizabeth Stockes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yas, give wer or detes of service)	Mrs. Estelle Joy(Sister) 43 Chicago, III.	31 Oakdale Av
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
200 × IMMEDIATE CAUSE (A) CESSILIA	1 GUANNESCO	Dadin.
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING INDEPLYING CAUSE LAST DUE TO	Quotin Heart Disease	senlenern
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	melletes	()
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		YES NO
21s. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	nty) (Stata)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	10:58Am, from the causes and on the dale state ADDRESS (Street, city, town, state) Camden Ave. Salisbury, Marylane	ed above. DATE SIGNED
23. BURIAL CREMATION, REMOVAL (SPECIFY) Burial Date THEREOF July 13,1955 Union Cemet	tery Uhrichsville.	(State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS URY MARYLAND

INSTRUCTIONS

Mer death.

executed within M

registrar within 72 hours after death. After this by the funeral director, the third copy of this

± .⊆

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. OF BUILD STATE SPRACTABIL OF HEATH-DALTHOUGH STATE

CERTIFICATE OF DEATH

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SALISMINI MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Burton

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED
COUNTY Wicomico	MARYLAND	STATE Marylan	d county	Wicomico
COUNTY CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		orele limits, write RURAL a	
OR end give nearest town)	(in this place)	OR		and give nearest lowny
2 TOWN Salisbury		TOWN Salis	pury	/
HOSPITAL OR		STREET ADDRESS = -	(If rure) gi	ve location)
2 STREET ADDRESS Pen. Gen. Ho		John 20 ye	O TO	Home for the Ac
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mo	nth) (Dey) (Yeer)
(Type or Print) ROSA	AI AI	EXANDER		uly 11 th 55
5. SEX 6. COLOR OR 7. SINGLE, M	ARRIED. 8. DATE C	OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR LIF UNDER 2
	, DIVORCED,	0 1000	85 vs	Months Days Hours
Female White (Specify)	H T CO M C C	.0, 1869	71.11	
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
retired) None	None	Salisbury,	Maryland	USA
3. FATHER'S NAME	дуде	14. MOTHER'S MAIDEN		
Sampson Downing		Marianna Til	ghman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	None	Records-Jo	hn B. Parso	as Home for the
No I			lisbury, Mar	I INTERVAL BETWE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL CEI	RTIFICATION		ONSET AND DE
1.1124	bashal	Throm Gon		2 40
IMMEDIATE CAUSE (A)	7	1 - 1		
ANTECEDENT CAUSE(S) DUE TO	envalued	atter us	leron.	Yes
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		1.7		,
STATING UNDERLYING CAUSE LAST. DUE TO	20 10 1000	soleis	ale who	. U.
(C) TT 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Jac with a	4	3000	- Jan
TO THE DEATH BUT NOT RELATED TO THE	Varidio 1-	and la	done	
DISEASE OR CONDITION CAUSING DEATH.	120.1000	0,000		
196. DATE OF OPERATION 196. MAJOR FINDIN	NGS OF OPERATION			20. AUTOPSY
				YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE () OR CONTRIBUTING CAUSE OF DEATH OF INJURY STA	Home, farm, fectory, eet, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCU	R?	
	While Not while et work	1	1 ,	
, ,	9112	1 54	7/11/ 55	
22. I hereby certify that I attended the d	eceased from	19, to	//, 19. 	, that I last saw the dece
alive on 7/11/, 19 5 2	and that death occurred a	M, from the	causes and on the	date stated above.
SIGNATURE / / OO	1/11	ADD	RESS (Street, city, tow	vn, state) DATE SIG
(Madrey CM.)	tolell M.D.	Maryland Ave.	Salisbury,	Maryland July
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, low	
REMOVAL (SPECIFY)				
Burial July 13,195			Salisbury,	
4. REC'D BY REGISTRAR REGISTRAR'S SIGNAT	TURE	25. FUNERAL DIRECTOR'S		ADDRESS
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7170 CERTIFICATE OF DEATH

Dist. No. 332

1. PLACE OF DEATH		2. OSOAL RESIDE	INCE (HOME) OF DE	CEASED	
COUNTY Wicomico	MARYLAND	STATE Maryla	nd county	Carroll	
CITY (If outside corporata limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this place)	OR	porete limits, write RURAL er		,
12 TOWN Salisbury	4 years	TOWN Wes	stminster	06-27-	2
HOSPITAL OR INSTITUTION OR DOOM STATE		STREET ADDRESS	(If rural giv		1
7/ STREET ADDRESS Deer's Head State	Hospital	ADDRESS			V
	Aiddle)	(Last)	4. DATE (Mon	th) (Day) (Ye	er)
(Type or Print) Ellis Mc	nroe A	cnold	DEATH JU	ily 28 19	55
5. SEX 6. COLOR OR 7. SINGLE, MARRIE		OF BIRTH	9. AGE last birthdey	IF UNDER 1 YEAR IF UNDER	_
Male White (Specify) Wid		st 29, 1871	83 yrs.	Months Deys Hours	Min
10e. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WE	IAT
	MOUSTRY INDUSTRY	Maryland		COUNTRY? USA	
3. FATHER'S NAME	210 111	14. MOTHER'S MAIDEN	NAME	0011	
Basil Arnold		Sallie Kr	night		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		-
(Yes, no, or unk.) (If Yes, give wer or deles of service)		Hospi	ital records		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		INTERVAL BET	
422.1 com	bral thrombos	ai s		4 day	0
					2
DISEASES OR CONDITIONS, IF ANY, (B)	eriosclerosis,	, generalized		?	
GIVING RISE TO THE ABOVE CAUSE DUE TO					
(c) Arte	riosclerotic	cardiovascula	ar disease	?	
TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19e. DATE OF OPERATION 19b. MAJOR FINDINGS C	OF OPERATION			2D. AUTOF	-
					OX
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home OF CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCC	CUR? (City or town)	(County) (Stel	a)
While		21f. HOW DID INJURY OCC	CUR?		
M. 1 et wo		w			
22. I hereby certify that I attended the decea					ecease
	that death occurred at	10 P.M. from the			
SIGNATURE \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	L.V.Malo	lve, M.D. Deer Salisbi	press (Street, city, tow cls Head Host	n, stote) DATE S	SIGNE
23. BURIAL, CREMATION, DATE THEREOF	M. D.	CREMATORY	LOCATION City, fow	n, or county)	(Stete)
BEMOVAL (SPECIFY) Quey 1/53	Harfiela	lburg lem	Canol	lo	(5,0,0)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	0 1	ADDRESS	0.4
DATE Aug. 2, 1955 Mary H.	Holloway	H /Jank	and for	Vestimoster 1	nd

MARYLAND STATE LIPERSTRUCT OF HEALTH-BALTHONE, 19

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CERTIFICATE OF DEATH

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BUREAU V. S.

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MEDICAL EXAMINER'S CERTIFICATE I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY (V/COMICO MARYLAND STATE COUNTY W/Comico CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town) (in this place) TOWN STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS MEAR 3. NAME OF DECEASED (First) (Month) (Year) (Type or Print) DEATH 19. 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Months Days 5/6 55 yrs. (Specify): 10a. USUAL OCCUPATION (Give kind of) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: COUNTRY 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1 (a). Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, If any, (b) ... giving rise to the above cause DUE TO stating underlying cause last

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes No D (State)

PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour)

21a. EXTERNAL CAUSE WAS

OF street, office bldg., etc., 21e. INJURY OCCURRED

21b. PLACE (Home, farm, factory,

21f. HOW DID INJURY OCCUR?

21c. (City or town)

Not while INJURY work [at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [Y, Inquiry [V, and

find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause SIGNATURE

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

(County)

23-BURIAL, CREMATION, RAMBVAL (Specify) : DURINL

DATE THEREOF

I REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

ADDRESS

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BUREAU V. S.

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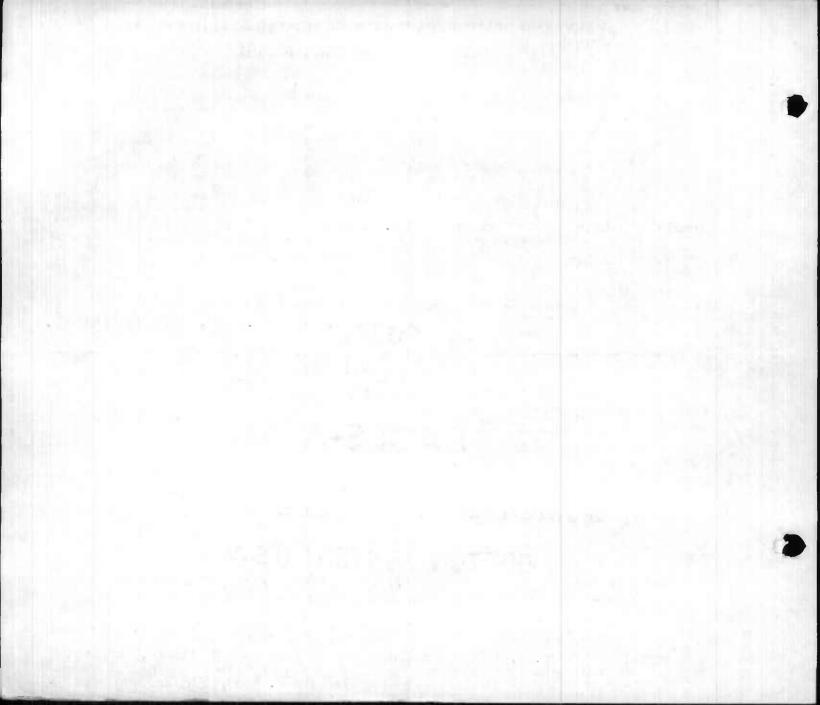
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
7171 CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: COUNTY /// Comica MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maculan d. COUNTY Balto.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN SAISAURIA LENGTH OF ST (in this place	'AY CITY(If outside corporate limits, write RURAL and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS PARIS LANGE HOSPITAL	STREET (If rural give location) ADDRESS 3/27 Acton Road - hok wills
3. NAME OF (First) (Middle) DECEASED: (Type or Print) MARU Ellen)	Band 4. DATE (Month) (Day) (Year) OF DEATH: July 27 1955
female 6. COLOR OB 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Nov.	6, 1886 68 yrs. Months Days Hours Min
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 10B. KIND OF BUSINESS OR INDUSTRY:	Baltimore, Maryland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Wilmer	Louise
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Albert W. Bond, 3105 Moreland Ave.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33/X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	o - Voscula accident
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERA	TION 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office b	factory. 21c. WHERE DID (City or town) (County) (State) ldg., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR While Not while at work at work	RED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7 alive on 7 and that death occurred SIGNATURE	M. D. Salisbury, Ind 7/27/55
REMOVAL (SPECIFY)	METERY OR CREMATORY (Cocation (City, town, for county) (State Memoairl Park Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Leonard J. Ruck, 5305 Harford Road #14

A15. VS.

MARGIN RESERVED FOR BINDING UNFADING INK.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIEICATE OF DEATH

07178

1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF D	ECEASEI	D	
COUNTY Wicomico	MARYLAND	STATE Mary	land	Talbo	+	
CITY (If outside corporate limits, write RURAL	MARYLAND LENGTH OF STAY		rporete limits, write RURAL e			
OR end give neerest town) 12 TOWN Salisbury	(in this place)	OR Clai	borne	ind give need		
HOSPITAL OR	10 month	STREET		4 4 4	_25	1X-2
1 STREET ADDRESS Deer's Head Sta	te Hospital	ADDRESS	(If rurel giv	ve location)		ě
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Mor	nth)	(Dey)	(Yeer)
(Type or Print) Corneilous		Brooks	DEATH J	uly	29	1955
S. SEX 6. COLOR OR 7. SINGLE, M. WIDOWED,	ARRIED, B. E	ATE OF BIRTH	9. AGE lest birthdey	IF UNDER	della	IF UNDER 24 HE
Male Colored (Specify)	Widowed D	ec. 1876	78 yrs.	Months	Deys	Hours Min
done during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12	. CITIZE	N OF WHAT
retired) Unlanown	Unknown	Maryland			USA	
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	70		
Joseph Brooks		Sally				
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, og unk.) (If Yes, give wer or detes of service)	16. SOCIAL SECURITY N	O. 17. INFORMANT	& ADDRESS			
Unk.			al Records			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL	CERTIFICATION				RVAL BETWEEN
221V	rebral throm	nogi g			0.11	0 1
	reprar dirong	70212			-	3 days
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	terioscleros:	s. general				2
GIVING RISE TO THE ABOVE CAUSE OF TO STATING UNDERLYING CAUSE LAST. DUE TO						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	NS syphilis					?
19e. DATE OF OPERATION 19b. MAJOR FINDIN	IGS OF OPERATION				20	. AUTOPSY?
					YES	□ NO ₩
	Home, farm, fectory, set, office bldg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town)	(Coun	ity)	(State)
	21e. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY OC	CUR?			
22. I hereby certify that dattended the de	ecased from Oct.	7 10 5/2 to T	uly 29 10 5	5 45-41	1	. Als . I
alive on July 29 19 55	and that doubt account	ed at 3:15P M, from the	ittris Junity Junity 17	2, that I	last sav	w the decease
SIGNATURE		_ AD	DRESS (Street, city, tow	n. state)		e. Date signe
M. Welder	L.V.Mal	dve, M.D. Deer	s Head State	e Hosp	ital	7/29/5
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETE	Y OR CREMATORY	LOCATION (City, tow	n, or county)	(Stete)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT	wait	25. FUNERAL DIRECTOR	ry la	100	2006	L, Ma
DATE They. 3,1935	V. Hallower	25. FUNERAL DIRECTOR	Il. Marsh	A.	ADDRESS	
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MARYEMP STATE OF ARTHURY OF HEALTH AND STATE CHARLES

CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH 3

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Pag.	Dist.	No.	-		-

1. PLACE OF DEATH		2. USUAL RESIDEN	2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY Wicomico	MARYLAND	STATE Maryla	nd county	Bal	timo	re		
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL e	nd give neer	rest town)			
12 TOWN Salisbury	(in this pieca) 3 yrs.	TOWN Pikes	ville		03	1 X - 2		
HOSPITAL OR INSTITUTION OR Deer's Head St	ate Hospital	STREET ADDRESS	(If rurel giv	e location)				
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Mor		(Dey)	(Yeer)		
(Type or Print) Edith	Parrish	Bullock	DEATH JU	ly	18	19 55		
	LE, MARRIED, 8. DAT	E OF BIRTH 9	AGE lest birthdey	IF UNDER	1 YEAR	IF UNDER 24		
Female White (Spec	OWED, DIVORCED, ify) Widowed De	c. 14, 1878	76 yrs.	Months	Days	Hours M		
1Da, USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12	. CITIZEI	N OF WHAT		
retired) Unk	Unk	Baltimore,	Md.		USA	IKIT		
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
James H. Parrish		Emily M.	Sanderson					
5. WAS DECEASED EVER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS					
(Yes, no, or unk.) (If Yes, give war or datas of servi	Unk.	Hospita	l records					
	18. MEDICAL C					RVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO		00: -:			ONS	36 hrs		
445 MAMEDIATE CAUSE (A) _	Myocardial insu	Hilchency				20 111 3		
ANTECEDENT CAUSE(S) DUE TO	Hypertensive ar	teriosclerotic c	ardiovascul	Lar		?		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING HANDED VING CAUSE LAST DUE TO	.01			ease				
STATING UNDERLYING CAUSE LAST. DUE TO					F			
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
DISEASE OR CONDITION CAUSING DEATH	FINDINGS OF OPERATION				20	. AUTOPSY?		
198. DATE OF OPERATION 196. MAJOR	FINDINGS OF OPERATION				YES	NO X		
216. ACCIDENT WAS UNDERLYING 216. PL/ OR CONTRIBUTING CAUSE OF DEATH OF INJUI	ACE (Home, farm, factory, RY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(Coun	ty)	(State)		
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Ho	our) 21e. INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCUR	?					
22. I hereby certify that I strended to	ne deceased from Allg.	19 52 to Jul	Ly 18 10 55	that I	last sav	v the deces		
	, and that death occurred							
SIGNATURE	T and mar deam occurred	ADDR	ESS (Street, eity, Iqw	n, siale)	a above	ATE SIGN		
LV. Mile	In L.V. Mal	dve, M.D.: Deer Salisbur	ru Marylan	e nosi	oltal	7/18/		
3. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, fow)	i, or county	,	(Stelle		
burial July-2		t	Baltimon BIGNATURE	e.Md.				
4. REC'D BY REGISTRAR REGISTRAR'S SI	GNATURE	25. FUNERAL DIRECTOR'S S	SIGNATURE	1	ADDRESS			
ATE 7-19-15		Stewart & Mowe	n Co. Balte	Md.				

CERTIFICATE OF DEATH

		A OHIOR TOWNSHIP	39236/11/4			
	Mile Wind			BHAPPUN II		Section of some
		California (il				
	Call Street					
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	. In . Street	to the section		holimant. [20]	Last - Vital	Service Control

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7174

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED
COUNTY Wicomico	MARYLAND	STATE Maryla	nd COUNTY	Anne Arundel
CITY (If outside corporate limits, write RURAL OR end give neerest town)	LENGTH OF STAY	CITY (If outside corpor	eta limits, write RURAL an	d giva nearest town)
Journ Salisbury	32 years	TOWN Lin	thicum	OZX
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Ho	spital	ADDRESS 608 B	roadview Bly	locetion)
3. NAME OF (First) (Mid	die)	(Last)	4. DATE (Mont	h) (Dey) (Year)
DECEASED (Type or Print) Sarah		ırke	OF DEATH Ju	
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORS (Specify) Sing.	ED, Aug.	10, 1865	P. AGE lest birthdey -	Months Deys Hours M
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if OR INC retired) Unknown Unknown	USTRY	11. BIRTHPLACE (State or foreign Providence, R		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		1 00%
John Burke		Unknown		
	OCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
(Yes, no, or unk.) (If Yes, give wer or deles of servica)	Unk.	Hospit	al records	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
1-0	nh ann aimeni			ONSET AND DEATH
IMMEDIATE CAUSE (A) DIONI	chopneumonia	st.		T Meer
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING LINDED VING. CAUSE LAST DUE TO				
STATING UNDERLYING CAUSE LAST. DUE TO				
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	iosclerotic	heart disease		?
198. DATE OF OPERATION 196. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?
	-			YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	erm, fectory, bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (Sieta)
21d. TIME OF INJURY (Monih) (Day) (Yaar) (Hour) 21e. INJ While M. et work	URY OCCURRED Not while et work	21f. HOW DID INJURY OCCUR	?	
22. I hereby certify that I attended the deceased	from Nov. 8	1051 10 Jul	v 21 1055	that I last saw the dasset
alive on. Holy 21 19.55, and the	t death accurred a	. 8: 10P . 4 from the -		, mai i lasi saw me deceas
SIGNATURE Y	Geath occurred a	ADDR	ESS (Street, city, town	siele) DATE SIGN
1 Store m	M. D. D	eer's Head Stat Salisbury, Mary	e Hospital	7/22/55
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	, or county) (State
Burial 7-25-1955	Speddens-Ser	wards Cemetery	James, Ma:	ryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	100	25. FUNERAL DIRECTOR'S	signature ral Service	ADDRESS
DATE 1-25-33 Mary W. K	tolloway	Cambridge, Ma	ryland	

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physicial and completely filled death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

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CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7175

CERTIFICATE OF DEATH

Reg. Dist. No. 332

			the state of the s	
1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DECE	ASED
COUNTY Wicomico	MARYLAND	STATE Maryl	and county Bal	timore City
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		porata limits, write RURAL end giv	re neerest town)
OR and give nearest town) Salisbury	(in this place) 2 mo	TOWN Bal	timore 30	3V01-11
HOSPITAL OR Pine Rouff State		STREET	(If rurel give loce	etion)
STREET ADDRESS Salisbury, Maryl		ADDRESS	1 S. Charles St	mont
3. NAME OF (First)	(Middla)	(Last)	4. DATE (Month)	(Dey) (Year)
DECEASED			OF	
OOIHI	oseph	Cauley	our's	1100
5. SEX 6. COLOR OR 7. SINGLE, MAR WIDOWED, I	DIVORCED,		9. AGE last birthday IF U	JNDER 1 YEAR IF UNDER 24 HR
		y 29, 1897	57 yn.	
	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stata or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
retired) Clerical Work-Boiler C		Pennsylva	nia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDE		
John Edward Cauley		Anna	McAndrew	
	16. SOCIAL SECURITY NO.	17. INFORMANT 8		
(Yes, no, or unk.) World War II	171-03-6327	Cale	on admission	
8/29/12 - 11/16/14		RTIFICATION	OH ACHITYSTON	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	H	ATTICATION	0	ONSET AND DEATH
OR 2 X IMMEDIATE CAUSE (A)	Ist Me	elmonal	L	3mo
ANTECEDENT CAUSE(S) DUE TO	10		0 0 .	261
DISFASES OR CONDITIONS IF ANY. (B)	Monon	ary tell	ecculosis	3 1240
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		4		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.				
194. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			20. AUTOPSY?
(64)				YES NO
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ome, farm, fectory, t, offica bldg., etc.)	21c. WHERE DID INJURY OCC	CUR? (City or town)	(County) (Stella)
	la. INJURY OCCURRED	211. HOW DID INJURY OCC	UR?	
	work et work			
22. I hereby certify that I attended the dec	eased from May 3	19.55 to J	uly 7 19 55 . #	nat I last saw the decease
alive on July 7, 19.55 ar	nd that death occurred	at 9:40 A from the	causes and on the date	stated above
SIGNATURE ()	//-		DRESS (Streat pity, town, stet	
SATAVAL	Ille M.D.	Salylen	mil	7/1/35
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	OCATION (City) town, or o	(Stete)
July 11.55.	St. Gabriel	s Cemetery	tineller,	ta.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR		25 FUNERAL DIRECTOR	S SIGNATURE)	ADDRESS
DATE July 7, 1955 B.J. David	the &	Holling	70 Co. Stelins	buy / ACI.

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CERTIFICATE OF DEATH

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VS A15C 1-55 10M

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate

INSTRUCTIONS

Reg. Dist. No.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7

CERTIFICATE OF DEATH

Ttem 8 Filmc 84 7-20-55 65			
1. PLACE OF DEATH	2. USUAL RESIDEN	CE (HOME) OF DECEA	SED
COUNTY Wicomico MARYLAND	STATE Marylan	county Bal	timore City
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and give neerest town) (in this plece)	CITY (If outside corpore	ote limits, write RURAL and give	
12 TOWN Salisbury 1 Day	TOWN	timore	3 Va / 11
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rurel give locat	ion)
Peninsula General Hospital		artmouth Rd.	
3. NAME OF (First) (Middle)	(Lost)	4. DATE (Month)	(Dey) (Year)
(Type or Print) HERMAN WESTLER	GEOPER	OF DEATH F	22 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		. AGE lest birthdey IF UI	NDER 1 YEAR IF UNDER 24 HRS.
RACE WIDOWED, DIVORCED, (Specify)	15. /1655/ 1895	60 yrs. Mont	hs Deys Hours Min.
Male White Specify Married July 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS	15. /1955 1895 11. BIRTHPLACE (State or foreig	00	1 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY retired)			COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN N	AMF	U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Inknow 17. INFORMANT & AI	DOBLES	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Part Control of		
No none	Mrs Madge	Elise Cooper,	Same
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	/ /	INTERVAL BETWEEN ONSET AND DEATH
420./ IMMEDIATE CAUSE IN COTONATY	livery 1	urombo	3/m
ANTECEDENT CAUSE(S) DUE TO	1	()	
DISEASES OR CONDITIONS, IF ANY, (8)	Meer	selevos	ce to
STATING UNDERLYING CAUSE LAST. DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			2D. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR	(City or town)	YES NO County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)			County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work et work	21f. HOW DID INJURY OCCUR	1	
22. I hereby certify that I attended the deceased from the 2	1955 Johle	12- 1955, th	at last saw the deceased
alive on 11 22, 19 5 and that death occurred	at 1.45 By from the ca	uses and on the date s	
SIGNATURE /		ESS (Street, city, town, state	
Mand f. Munore M.D.	Helectr	in Med. 1	Dely 23 1955
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY O	RCREMATORY	JOCATION (City, town, or co	ounty) / (Stele)
Burial 7/25/55 Elmwood Ave	. Cemetery	Columbia, S.C	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS
DATE 7-25-55 Mary It. Halloway	The Hill & John	nson Co. Salis	bury, Maryland
	71~	mant. Balo	
	1,00	man, I all	M.

CERTIFICATE OF DEATH

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The Hill & Johnson to, Bellisbury, Haryland

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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7225 CERTIFICATE OF DEATH

332 Reg. Dist. No ...

1. PLACE OF	DEATH				2. USUAL RESI	DENCE (HOME) OF D	ECEASED		
COUNTY	Wicomic	0	MARYL	AND	STATE Mary	land COUNTY	Wicomi	co	
CITY (if out:	side corporate limits, write		LENGTH O	F STAY	CITY (If outside	corporete limits, write RURAL a	nd give neerest t	town)	
OR and gi	iva nearest town) Fruitland		(in this p	of lif	OR TOWN	Fruitland		×	
HOSPITAL OR			HOSO	01 111	STREET		re location)		_
INSTITUTION STREET ADDRESS	OR	- Fruitl	and		ADDRESS	(comments)	100011011		
3. NAME OF DECEASE	(First)		(Middle)		(Last)	4. DATE (Mor	ith) (De	ey) (Yeer)	
(Type or Print)		Vi	rginia	De	nnis	DEATH 7	- 29	- 19 5	55
S. SEX	6. COLOR OR	7. SINGLE, MARRI WIDOWED, DIV		B. DATE OF	BIRTH	9. AGE last birthday	IF UNDER 1 YE		
Female	A.A.	(Specify)Mar	ried	4-12	-1901	54 yrs.	Months D	Hours	Min.
	JPATION (Give kind of w	ork 10b. KIN	D OF BUSINES	S	11. BIRTHPLACE (State or	foreign country)		ITIZEN OF WHAT	
retired)	most of working lile, ave Housewife	A	home		Prost + Land 1	Wicomico Co. 1		USA USA	
13. FATHER'S NA		1 320	rr Chira		1 14. MOTHER'S MAI		iu.	ODA	
	Thele	TO 04 100				Manus Chaol	-1		
IS WAS DECEAS	ED EVER IN U. S. ARMEI	nown	. SOCIAL SEC	LIPITY NO	I 17. INFORMANT	Mary Shock	or e A		
(Yas, no, or unk.)			- 12					2 104	
No	No		Non			Dennis, Fruit	land, Ma		
T DISEASES OR C	CONDITIONS DIRECTLY L	EADING TO DEATH	18. ME	DICAL CER	TIFICATION			INTERVAL BETWE	
a distribution on the	CONDITIONS DIRECTED E	LADING TO SERVIN	6	a. Co	The Man	1000.11	6 /	Con a se	
260 × IM	MEDIATE CAUSE	(A)	10 /	call of	ta /B	e c c l'asses		at the star	-
DISEASES OR CO	NDITIONS, IF ANY,	UE TO (B)	The	13.6	alie E	Edem	a	2 :16.6	che
	THE ABOVE CAUSE YING CAUSE LAST. D	UE TO 4	1 7	10 /1	La PP	9 Parent		of the	Par .
	ANT CONDITIONS CONT		1 -			seler	seis.	6111	
	NDITION CAUSING DEAT		WILL	leve!	emi,			O Col Laboration	4
19a. DATE OF OP	ERATION 196.	MAJOR FINDINGS	QF OPERATION	N				200 AUTOPSY	
			-					YES NO	RT
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	OF INJURY street, o	farm, fector office bldg., etc		c. WHERE DID INJURY O	CCUR? (City or town)	(County)	(State)	
21d. TIME OF INJU	JRY (Month) (Day) (Yaar) (Hour) 21a, Whil M. et w		JRRED 2 t while work	11. HOW DID INJURY O	CCUR?			
22 I havebu	Constitute that I am				10.53	July 24, 195	5 46-4 6 6	A annual district	
									ase
alive on.	Colored to day.	, and	that death	occurred at.	M, from	he causes and on the copress (Street, cit) tow	late stated a		
	MAlo	slocks	touch	Comp.	Lalip	home HI		DATE SIG	3
23. BURIAL, CREA REMOVAL (SE		THEREOF	NAME OF	CEMETERY OR	REMATORY	LOCATIONY City, tow	n, or county)	1510	to)
Buri	al	8-3-55	Mt.	Calvary		Fruitland	Wicomi	Lco Co.,	M
24. REC'D BY REG	SISTRAR REGIS	TRAR'S SIGNATURE	. / .		25. FUNERAL DIRECTO	0 1 924	E. CRADO	RESS St.	
DATE Thug.	2,1955	Mary M.	Hallow	rey.	mary a.	Stewart 500	w Yourses	400	ma

BLANTAND STATE DEPARTMENT OF HEALTH-BALFINDER, 18

CERTIFICATE OF DEATH

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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

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		2. USUAL RES	SIDENCE (HOME) OF	DECEAS	SED		
COUNTY Wicomico	MARYLAND	STATEMARY	land count	y Wico	mico		
CITY (If outside corporete limits, write RURAL	LENGTH OF STA	Y CITY (If outsid	e corporete fimits, write RURA				
OR end give naerest town) TOWN Salisbury	(in this plece)	OR				10	
HOSPITAL OR	1 6 II's.	STREET	alisbury	giva locatio	n)	gol.	
INSTITUTION OR STREET ADDRESS Spring Hill Pri	vate Sanitari	ADDRESS	Maryland Ave.		,m;	/	
3. NAME OF (First) DECEASED	(Middle)	(Lost)	4. DATE ((Day)	(Yea	r)
(Type or Print) MARY	GODFREY	DICKERSON	DEATH	7	20	19	55
SEX 6. COLOR OR 7. SINGLE	, MARRIED, 8.	DATE OF BIRTH	9. AGE last birthday	IF UNI	DER 1 YEAR	IF UNDER	-
RACE WIDOV (Specify	ved, DIVORCED, VI Widowed Jan	- 00 7060	00	Months	Days	Hours	Min.
Pemale White	10b. KIND OF BUSINESS	n. 28, 1863	or foreign country)	5. 1	10 CITIZE	N OF WILL	1
done during most of working life, evan If	OR INDUSTRY	II. SINTH LACE (SIGIO	or roleigh country)	133	12. CITIZE	N OF WH	AI
retired House Wife	Own Home	Maryland			U.S	S.A.	
FATHER'S NAME		14. MOTHER'S M.	AIDEN NAME				
Robert F. Godfrey		Marer P	Wimbrow				
. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY		NT & ADDRESS				
Yes, no, or unk.) (If Yes, give wer or dates of service)							
No	***	Mrs E	dith Dayton.	620 L	ight S	it.	
DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH 18. MEDICA	L CERTIFICATION			INTE	RVAL BETV	
11115 \$	1 1	1	unal des	,	ONS	EI AND D	EAIM
14400 IMMEDIATE CAUSE (A)	andes 1	rascular 1	unal dea	Las			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, (B)							
GIVING RISE TO THE ABOVE CAUSE DUE TO							
(C)							
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	NDINGS OF OPERATION				20	. AUTOPS	Y?
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 90. DATE OF OPERATION 196. MAJOR FIR					20 YES		process.
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 90. DATE OF OPERATION 19b. MAJOR FIN 101. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING 2AUSE OF DEATH OF INJURY	NDINGS OF OPERATION E (Home, farm, factory, streat, office bidg., etc.)	21c. WHERE DID INJURY	OCCUR? (City or town)	(Co		-	
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pe. DATE OF OPERATION 19b. MAJOR FIN 1a. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING CAUSE OF DEATH OF INJURY FEITHER, NOTIFY MEDICAL EXAMINER)	E (Home, farm, factory, streat, office bldg., etc.)	21f. HOW DID INJURY		(C	YES	☐ NO	
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pe. DATE OF OPERATION 19b. MAJOR FIN 1a. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING CAUSE OF DEATH OF INJURY FEITHER, NOTIFY MEDICAL EXAMINER)	E (Home, farm, factory, streat, office bidg., etc.) 2 ie. INJURY OCCURRED While Not while	21f. HOW DID INJURY		(Co	YES	☐ NO	
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 90. DATE OF OPERATION 19b. MAJOR FIN 10. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING CAUSE OF DEATH OF INJURY IF EITHER, NOTIFY MEDICAL EXAMINER) 10. TIME OF INJURY (Month) (Day) (Year) (Hour M.	E (Home, farm, factory, streat, office bidg., etc.) 2 ie. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY	OCCUR?		YES	NO (State)
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 90. DATE OF OPERATION 19b. MAJOR FIN 11a. ACCIDENT WAS UNDERLYING 21b. PLAC DR CONTRIBUTING CAUSE OF DEATH OF INJURY 11d. TIME OF INJURY (Month) (Day) (Year) (Hour M. 22. I hereby certify that I attended the	E (Home, farm, factory, streat, office bldg., etc.) 21e. INJURY OCCURRED While Not while et work deceased from	21f. HOW DID INJURY	OCCUR?	5., that	YES ounly)	State (State)
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 90. DATE OF OPERATION 19b. MAJOR FIN 1a. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING CAUSE OF DEATH OF INJURY If EITHER, NOTIFY MEDICAL EXAMINER) 1d. TIME OF INJURY (Month) (Day) (Year) (Hour M. 2.2. I hereby certify that I attended the alive on	E (Home, farm, factory, streat, office bldg., etc.) 21e. INJURY OCCURRED While Not while et work deceased from	21f. HOW DID INJURY	July 2019 the causes and on the	5., that	YES ounty) I last saveted above	(State	cease
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pe. DATE OF OPERATION 19b. MAJOR FIN 1a. ACCIDENT WAS UNDERLYING 21b. PLAC OF CONTRIBUTING CAUSE OF DEATH OF INJURY FEITHER, NOTIFY MEDICAL EXAMINER) 1d. TIME OF INJURY (Month) (Day) (Year) (Hour M. 2. I hereby certify that I attended the	E (Home, farm, factory, streat, office bldg., etc.) 21e. INJURY OCCURRED While Not while et work deceased from	21f. HOW DID INJURY	OCCUR?	5., that	YES ounty) I last saveted above	State (State	cease
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 9e. DATE OF OPERATION 19b. MAJOR FIN 10a. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING CAUSE OF DEATH OF INJURY ITELETHER, NOTIFY MEDICAL EXAMINER) 11d. TIME OF INJURY (Month) (Day) (Year) (Hour M. 22. I hereby certify that I attended the alive on	E (Home, farm, factory, streat, office bidg., etc.) 21e. INJURY OCCURRED While Not while et work e deceased from	21f. HOW DID INJURY 19 7 J. to. 10 J. A.M., from D. Sali	the causes and on the ADDRESS (Street, city, S	5., that date state own, state)	YES ounty) I last saveted above	(State	ceased
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH. Pe. DATE OF OPERATION 19b. MAJOR FIN 1a. ACCIDENT WAS UNDERLYING 21b. PLAC OF CONTRIBUTING CAUSE OF DEATH OF INJURY If EITHER, NOTIFY MEDICAL EXAMINER) 1d. TIME OF INJURY (Month) (Day) (Year) (Hour M. 2.2. I hereby certify that I attended the alive on	E (Home, farm, factory, streat, office bidg., etc.) 21e. INJURY OCCURRED While Not while et work e deceased from	21f. HOW DID INJURY	July 2019 the causes and on the	5., that date state own, state)	YES ounty) I last saveted above	(State v the dece	ceased
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 9e. DATE OF OPERATION 19b. MAJOR FIN 1a. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING CAUSE OF DEATH OF INJURY ITEL EITHER, NOTIFY MEDICAL EXAMINER) 1d. TIME OF INJURY (Month) (Day) (Year) (Hour M. 22. I hereby certify that I attended the alive on	E (Home, farm, factory, streat, office bidg., etc.) 21e. INJURY OCCURRED While Not while et work e deceased from	21f. HOW DID INJURY 19 7 1, 10. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the causes and on the ADDRESS (Streat, city, LOGATION (City,)	date state)	YES ounly) I last savated above 17 - nity)	(State v the dece	Ceased
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 9e. DATE OF OPERATION 19b. MAJOR FIN 10s. ACCIDENT WAS UNDERLYING 10s. CONTRIBUTING 10s. CONTRIBUTION 10s. CON	21e. INJURY OCCURRED While of work office bedge, etc.) 21e. INJURY OCCURRED While of work office bedge, etc.) 21e. INJURY OCCURRED While of work office bedge office work office bedge, etc.)	21f. HOW DID INJURY 19.45., to 19.45., to	the causes and on the ADDRESS (Street, city, S	date state)	YES ounly) I last savated above 17 - nity)	(State v the dece	Ceased
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 9e. DATE OF OPERATION 19b. MAJOR FIN 19c. MAJOR FIN 21b. PLAC OF INJURY 19c. Thereby Cause of Death 19c. MA 19c. I hereby certify that I attended the alive on	21e. INJURY OCCURRED While of work office bedge, etc.) 21e. INJURY OCCURRED While of work office bedge, etc.) 21e. INJURY OCCURRED While of work office bedge office work office bedge, etc.)	21f. HOW DID INJURY 19.45., to 21f. HOW DID INJURY	the causes and on the ADDRESS (Street, city, to LOGATION (City, to Salisbury)	date state own, state own, or cou	YES ounly) I last saveted above Inly) ADDRESS	V the dec	GNET

MARYEAND STATE DEPARTMENT OF HEALTH BALTIMORE, IS

CERTIFICATE OF DEATH

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INSTRUCTIONS ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be terained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7173 CERTIFICATE OF DEATH 07186

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
COUNTY Wicomico					
COUNTY WICOMICO CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	STATE Marylan	COUNTY ste limits, write RURAL an	Wicomic	
OR and give nearest town)	(in this place)	OR		o give hearest to	own)
100 Darradar)	3½ months	Saltze			X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Sta	te Hospital	STREET ADDRESS ROU	te # 2	location)	1
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mont	h) (Day	y) (Yeer)
(Type or Print) Philip Gr	rant Di	ckinson	DEATH JU	ily 20	19 55
5. SEX 6. COLOR OR 7. SINGLE, MA	RRIED, 8. DATE O	OF BIRTH 9	. AGE last birthday	IF UNDER 1 YEA	
	idowed 11/5	3/1872	82 yrs.	Months Dey	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)		TIZEN OF WHAT
	Farming	Michigan			SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Philip Reuben Dickinson		Sophronia	Tibbets		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & AI	DDRESS		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Unk.	Hospital	records		
	18. MEDICAL CEI				NTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA				(ONSET AND DEATH
177. IMMEDIATE CAUSE (A) GE	neralized carci	nomatosis			2 yrs.
ANTECEDENT CAUSE(S) DUE TO	namons cell car	cinoma of left	ear		2 yrs.
GIVING RISE TO THE ABOVE CAUSE		OTTOME OF TOTA	00.1		c Jis.
STATING UNDERLYING CAUSE LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE SINGLE OF CONDITION CAUSING DEATH.	econdary anemia				-
19a. DATE OF OPERATION 19b. MAJOR FINDING	GS OF OPERATION				20. AUTOPSY?
0					YES NO
	oma, ferm, factory, et, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	(City or town)	(County)	(Stete)
V V	t work et work	21f. HOW DID INJURY OCCUR	?		
22. I hereby certify that I attended the de	ceased from Apra La	10 55 Ju.	Ly 20 1055	About I Jose	
		, 19, to	Ly 20 , 1955	, mar i last	saw the decease
SIGNATURE /	nd mar death occurred a	1.10:45M, from the ca			DATE SIGNE
1/1/1/1	L.V.Maldye, M.	D.; Deer's He	ed State Ho	spital	7/20/55
23. BURIAL, CREMATION, DATE THEREOF	M. D. "	Dallabutt	LOCATION (City, town	or county)	(/20/33 (Stete)
REMOVAL (SPECIFY)					
Burial July 23,195	A		Salisbury		
24. REC'D BY REGISTRAR DESTRAR'S SIGNATU	de al	25. FUNERAL DIRECTOR'S S		ADDR	
DATE 1-23-53 // lary	Holloway	HOLLOWAY & CO	MPANY SAL	ISBURY	MARYLAND

CERTIFICATE OF DEATH

The state of the s 1955 SS JUL 85 1955

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	. 3
MUDICAL	DIA AUVUIN DIR S	UERTHUATE	Ur	DEATH	No. 2.

MEDICAL EXAMINER S CER	IIIICATE OF DEATH No. 232
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Wicomico MARYLAND	STATE had COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town) CITY (If outside corporate limits, write RURAL (in this place) CITY (If outside corporate limits, write RURAL (in this place) CITY (If outside corporate limits, write RURAL (in this place) CITY (If outside corporate limits, write RURAL (in this place))	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 3 V 0 / - 44
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital	ADDRESS 308 N. (If pural, give location)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) William Docking	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 7 11 19 55
M RACE: WIDOWED, DIVORCED, (Specify): Single Ma	of BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. y 11, 1923 32 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Unk.	Richmond, Va. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Dockins	14. MOTHER'S MAIDEN NAME: Clara Trice
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of Unk.)	17. INFORMANT & ADDRESS: Hospital records
18. MEDICA	L CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	Distract ONSETT AND DEATH MONTH
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	yin-Sevend Thronic God 1 yr.
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes N No 🗀
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street pffice bldg., etc., CAUSE OF DEATH.	Bollinge Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work	Shot by Edga Harris efter agreet
22. I hereby cerdy that I took charge of the remains described find that death sulted from: Natural causes □. Accid	ed above, held an Autopsy K. Inspection M. Inquiry K. and ent . Suicide . Homicide . Undetermined cause .
SIGNATURE COLL LONG	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. 7-12-55
20. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	el andly ballomore med
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE TEG. 16-53 Mary W. Holloway	mor Frances of femolia and

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. S.

1965 JUL 20 1955

BECEINED

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

7180

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ///FAMILA MARYLAND	STATE MARINDARD COUNTY MERCANICA
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporate timits, write RURAL and give neerest town)
OR and give nearest town) (in this place)	OR OI
12 TOWN SAlisburgs 1 WK	TOWN Eden
HOSPITAL OR	STREET (If rurel give location)
STREET ADDRESS P 1 4 and 11 & to	ADDRESS P77 4-1
Jenin Sula Deneria 1403 falas	ארדערן
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) DAG James	beachast DEATH JULY 28 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	
Male White Specif Married Aug. 28	,1910 44 yrs. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if Trucking Contractor Dump Trucks	Penna U.S.A.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
sohn Benjamin Eberhardt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Jennie Anderson 17. INFORMANT & ADDRESS
(Yes, no or unk.) (If Yes, give wer or detes of service)	
No None	Mrs. D.J.Eberhardt, Same
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
5501 / To: Va	itia Cont adu
550. IMMEDIATE CAUSE (A)	una como justo
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	2 opperas
GIVING RISE TO THE ABOVE CAUSE DUE TO	1 A 1 6 A
(c) () (l) () +	· Out Sin acul
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	12/00/10
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	the Acloring
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. (AUJOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	211, HOW DID INJURY OCCUR?
White Not while	iii. NOW DID WOOK!
M. let work at work	
22. I hereby certify that I attended the deceased from	1950, to the last saw the decease
alive on 1 1447 7, 193 5/ and that death occurred at.	
SIGNATURE	ADORESS (Sheet, city, town, stata) DATE SIGNE
18 Van el Jelmore	Lelisbury # 10 28 19.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR O	CREMATORY (City, town) or souply) (Steta)
REMOVAL (SPECIFY)	
Nurial 8/1/55 Lewisburg Cer	metery Lewisburg, Penna. 1 2s. Funeral director's Signature Address
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	
DATE aug. 1, 1955 Mary M. Holloway	The Hill & Johnson Co. Salisbury, Md.
	normant. Baker

CERTIFICATE OF DEATH

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BUREAU V. S.

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The Hill & Jordan Lo. Collising, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 33-3

1. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECI	EASED
COUNTY Wicomico	MARYLAND	STATE Maryland	COUNTY	Baltimore City
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate	fimits, write RURAL end g	ive nearest town)
OR end give nearest town) TOWN Salisbury	(In this place) 4 years	TOWN Baltimo	re	3401-4
HOSPITAL OR		STREET	(If rurel giva lo	
9/ STREET ADDRESS Deer's Head State	Hospital	ADDRESS 2516 N.	Charles St	reet
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Yaer)
(Type or Print) Frank		nhood	DEATH Jul	17 00
5. SEX 6. COLOR OR 7. SINGLE, MARI	RIED, 8. DATE O	F BIRTH 9.	- Address	UNDER 1 YEAR IF UNDER 24 HRS
Male White Widowed, D. (Specify) Si	ngle Dec.	5, 1876	78 yrs. M	onths Deys Hours Min.
	ND OF BUSINESS	11. BIRTHPLACE (Stele or foreign o	ountry)	12. CITIZEN OF WHAT
retired) Unk a	Unk.	Maryland		COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
Frederick Eisenhood		Mary Smith		
	6. SOCIAL SECURITY NO.	17. INFORMANT & ADDR	ESS	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Unk.	Hospital	Records	
- PIET STE ON CONTRIBUTE PRESTRY IS A DIVISION OF DEATH	18. MEDICAL CER	TIFICATION		INTÉRVAL BETWEEN ONSET AND DEATH
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				24 hrs.
332 IMMEDIATE CAUSE (A)	rebral thrombo:	212		24 111 38
ANTECEDENT CAUSE(S) DUE TO	teriosclerosis	generalized		?
GIVING RISE TO THE ABOVE CAUSE	GET TROOTER COTO	, goner dazzoon		
STATING UNDERLYING CAUSE LAST. (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				0
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arter	iosclerotic car	rdiovascular dis	ease	6
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
				YES NO
	na, farm, fectory, office bldg., etc.)	Ite. WHERE DID INJURY OCCUR?	(City or lown)	(County) (State)
W	i. INJURY OCCURRED hile Not while work et work	211. HOW DID INJURY OCCUR?		
20 I haveler contifer that hastended the day	eased from Feb. 13	1057 . July	18 10 55	that I last saw the deceased
alive on July 18 19.55 and an area of the dece	the transmission	2:30PM, from the caus		
SIGNATURE 19, and	o that death occurred at	ADDRES	es and on the date	ata) DATE SIGNED
1/2 Malines	L.V.Maldve, M.	D: Deer's Head	tate Hospit	7/18/55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		ocation (City, town, or	
REMOVAL (SPECIFY) 7/20/55	Jarsons (2 material	Soline.	und.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR		25. FUNERAL DIRECTOR'S SIGN	NATURE	ADDRESS
DATE Only 20, 1955 Mary ON.	Holleaway	HILK-JOHN'S	onto.S.	listry, 7,00
	•	W no	1	Baker
		PO	VIZ TIGS 1	

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Reg. Dist.

I. PLACE OF DEATH:		2. USUAL RESIDENCE	CE (HOME) OF	DECEASED:	
COUNTY Wicomico	MARYLAND	STATE Mary	and coun	ry W	DY E E SCET
CITY (If outside corporate limits, write RURAL OR and give negrect town) TOWN Salisbury	ENGTH OF STAY (in this place)	CITY (If outside OR TOWN Ber		write RURAL	and give nearest town
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS		STREET ADDRESS 7.7	Main S	gal, give locati	ion)
3. NAME OF DECEASED: (Type or Print) Service (First) Lillian Mertrue	de Fleming	(Last)	4. DATE OF DEATH	(Month)	(Day) (Year) 8 1955
A	vorced, Nov.	7,1906	45 HØ	yrs. Months	
work done during most of work life,	o of Business or USTRY: • Moud	Delaware	,	ign country):	12. CITIZEN OF WILL COUNTRY? U.S.A.
13. FATHER'S NAME:	1	14. MOTHER'S MAII	DEN NAME:		
John D. Wooten	V		a Darby		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	L SECURITY No.:	17. INFORMANT & A	DDRESS:	- R.	in, Ind.
i. Diseases or conditions directly Leading	TO DEATH:	L CERTIFICATION	6	//	INTERVAL BETWEE
Immediate cause Antecedent cause(s) Diseases or conditions, if any, gring rise to the above cause DUE TO	TO DEATH:		6	//	INTERVAL BETWEE ONSET AND DEAT d cord-Sudden
Immediate cause (a) Fractur DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE	TO DEATH:	on cervical	6	//	INTERVAL BETWEE
Immediate cause (a) Fracture DUE TO Antecedent cause(s) Diseases or conditions, if any, (b)	ro DEATH:	on cervical	Spine with	n severe	INTERVAL BETWEE ONSET AND DEAT d cord—Sudden 20. AUTOPSY? Yes & No
Immediate cause (a) Fracture DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING 21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF st. CAUSE OF DEATH.	NG DEATH: OF OPERATION: Home, farm, factory, rest, office bldg., etc., Highway	on cervical	spine with	County)	INTERVAL BETWE ONSET AND DEAT d cord-Sudden
Immediate cause (a) Fractur DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY While	NG DEATH: OF OPERATION: Home, farm, factory, cect, office bldg., etc., till plway RY OCCURRED	21c. City or tow	spine with	(County)	INTERVAL BETWEE ONSET AND DEAT of Cord-Sudden 20. AUTOPSY? Yes No (State)
Immediate cause (a) Fractur DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 21b. PLACE (I OF st. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY While	OF OPERATION: Home, farm, factory, reet, office bldg., etc., HIGHWAY RY OCCURRED at Not while at work at eremains describe	21c. City or tow 21f. How DID II Auto collied above, held an ent XI, Suicide CHIEF	JURY CCUR ded with Autopsy [X] , Homicid MEDICAL EX	(County) Vicomico Truck , Inspection	INTERVAL BETWEE ONSET AND DEAT ONSET
Immediate cause Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b)	NG dislocations of Operation: OF OPERATION: Home, farm, factory, the property office bldg., etc., High Way at Work of Current at work of the common of th	21c. City or town 21f. How DID II Auto collined above, held an ent XI, Suicide CHIEF M. D.	JURY CCUR ded with Autopsy [X] Homicid MEDICAL E ANT MEDICAL LOCATION Berlin	(County) Vicomico Tucke Inspection AMINER EXAMINER City, town,	INTERVAL BETWEE ONSET AND DEAT of CONSET AND DEAT O

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, A15A - 5 - 53

VS.

031 V 12 1955

BUREAU V. S.

E OF DEATH Reg. Dist.	No. 006
2. USUAL RESIDENCE (HOME) OF DECEASED	:
STATEM aryland COUNTY Some	espel-
CITY(If outside corporate limits, write RURAL ar	d give nearest town)
TOWN Westover /	9x-2,
STREET (If rural give location)	1
ADDRESS	V
(Last) 4. DATE (Month) (D	my) (Year)
OF 1 1	10
OF BIRTH: 9. AGE last birthday IF UNDER 1 YE	1955
	ys Hours Min.
6, 1883 10 yrs. 0 11	
M. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
Makewood, Ohis	65/7
14. MOTHER'S MAIDEN NAME:	
anna Herring	
17. INFORMANT & ADDRESS:	
Mrs. Emma sates We	stoves Wed.
TION	INTERVAL BETWEEN
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tion of Sall Dadde	41
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DN .	20. AUTOPSY?
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etory, 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	(State)
D 21F. HOW DID INJURY OCCUR?	
15, 195 3 to paly 17, 195 Sthat I last	saw the deceased
A.M. from the causes and on the date s	rated above.
M.D. Salesbury this pe	lu17 1955
TERY OR CREMATORY LOCATION (City, town, or	county) (State)

Thences Unnil

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DATE REC'D BY LOCAL

KECEINED

BUREAU V. S.

JUL 21 1055

Reg. Dist.

750 BY AMINIBO'S CEDMINICAME OF DEAMY

I. PLACE OF DEATH:		2. USUAL RESII	ENCE (HOME) OF	DECEASED:	
COUNTY Wicomico	MARY	LAND STATE MAX	yland coun	TY Wicomic	00
CITY (If outside corporate limits /2 OR and sive nearest town)		his place) ()R	ide corporate limits	write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P. G.	Hospt.	STREET ADDRESS	Green Stree	ral, give location	n) /
3. NAME OF (First) DECEASED: (Type or Print) James	(Middle) Francis	(Last) Gordy	4. DATE OF DEATH	(Month) (I	Oay) (Year)
5. SEX: 6. COLOR OR WAITE	7. SINGLE, MARRIED, WIDOWED, DIVORCE	April 25. 1919.	36.	yrs. Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give work done during most of w even if rarep. Service	kind of 10b. KIND OF Book life, INDUSTRY Station, Gas &	:	CE (State or fore	The same of the sa	12. CITIZEN OF WHAT COUNTRY?
	. Gordy	14. MOTHER'S Mary Mu			
(Yes, no, or unk.) (If Yes, give war	or dates of	RITY No.: 17. INFORMANT Mrs. Nadine	T. Gordy (W	ife) Frui	tland, Md.
		18. MEDICAL CERTIFICATIO	V		
I. DISEASES OR CONDITIONS DIS Immediate cause Antecedent cause(s)	(a) DUE TO	18. MEDICAL CERTIFICATIO ATH:	00 .	~	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO	ATH:	00 .	~	ONSET AND DEATH
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	(a) DUE TO (b) DUE TO (c) HONS CONTRIBUTING RELATED TO THE	ATH:	00 .	~	ONSET AND DEATH
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 19a. DATE OF OPERATION: 19b	(a)	ATH:	00 .		ONSET AND DEATH
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Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF OPERATION: 19b. 21a. EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year)	(a)	ERATION: arm, factory, ice blds. etc., Curred 216 How in	2 Bui	Juimi	20. AUTOPSY?
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 11. OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT DISEASE OR CONDITION CAI 19a. DATE OF OPERATION: 19b 21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) OF INJURY 7 2 8 (1) 22. I hereby certify that I to	(a) DUE TO (b) DUE TO (c) CONTRIBUTING RELATED TO THE JSING DEATH MAJOR FINDING OF OP 21b. PLACE (Home, for injury) (Hour) 21e. INJURY OF Mile at work work book charge of the remains	ERATION: Course blds. etc., Course blds. etc	an Autobsy	Inspection e Under AMINER EXAMINER	20. AUTOPSY? Yes No (State)
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 11. OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT DISEASE OR CONDITION CAI 19a. DATE OF OPERATION: 19b 21a. EXTERNAL CAUSE WAS PRIMARY I for CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I to find that death resulted in SIGNATURE 23. BURIAL, CREMATION, DAT	(a) DUE TO (b) DUE TO (c) TONS CONTRIBUTING RELATED TO THE USING DEATH. MAJOR FINDING OF OP 21b. PLACE (Home, for street of injury (Hour) 21c. Injury Oc. M. While at work cook charge of the remains on the cook charge of the remains on the cook charge of the remains of the cook charge of the remains on the cook charge of the remains of the cook charge of	ERATION: Course blds. etc., Course blds. etc	an Autolsy an Autolsy be honicide medical expury medical estant medical expury me	Inspection e Under AMINER EXAMINER	ONSET AND DEATH 20. AUTOPSY? Yes No (State) J. Inquiry , and termined cause DATE SIGNED

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

7185

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Wicomico MARYLAND	STATE Maryland COUNTY Wicon	mi.co
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporete limits, write RURAL end give neeres OR	t town)
12 TOWN Salisbury 3 yr. 2 mo.	TOWN Salisbury	X
HOSPITAL OR Pine Bluff State Hospital	STREET (If rurel give location) ADDRESS	1
STREET ADDRESS Salisbury, Maryland	R. F. D. #3	
3. NAME OF (First) (Middle)		Dey) (Year)
(Type or Print) Jennie Foskev	Haddock DEATH July 2	9 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O		
	18, 1883 72 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
refired) Housewife	Whitesville, Delaware	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Elijah Foskey	Annie West	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Self on admission	
18. MEDICAL CER		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
OD 2 MIMMEDIATE CAUSE (A)		
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING PISE TO THE ABOVE CAUSE	ary Inherculosis	
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	my multiples	
STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		THE FALL AND
DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	Te. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	10
M. et work et work		110
22. I hereby certify that I attended the deceased from M. Au. 2	8, 1952, to July 29, 1953, That I la	st saw the Harassed
alive on 113.91. 19.5.5., and that death occurred at.	J J D M	-/ . / 1
SIGNATURE	ADDRESS (Street city, town, state)	PATE SIGNED
de a source Mo	Trulland MI	17h 44
23. BURIAL CREMATION, DATE THEREOF MAME OF CEMETERY, OR	CREMATORY LOCATION (City, town, or county)	(State)
Premova (SPECIFY) Buly 31, 1955 Jane Che	yel almy near Meters	a sel
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNDAL DIRECTOR'S SIGNATURE AD	DORESS
DATERLES. 1, 1955 Mary of Holland	Construction, Solish	md,
The state of the s	1200	1

MARKITADO STATE DIVARENANTO DE HEALTH-GLAITAGRE 18

CERTIFICATE OF DEATH

APPROXIMATE AND ADDRESS.



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(1)		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	1111114
The		7126 Item 9, Filmal 84-7-18-55-9to To To To A MYT	220
		CERTIFICATE OF DEATH Reg. Dist	. No. 002
carefully	÷	1. PLACE OF DEATH: . 2. USUAL BESIDENCE (HOME) OF DECEASE	D: 1/
eft	legibly	7/2	o K
d	leg	COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL)	<u> </u>
	P	OR and give nearest town) (in this place) OR	and give nearest town
M :	and	12 TOWN Salisbury 1. DAY TOWN YORN	15 X-3
T E	rly	HOSPITAL OR STREET ADDRESS 1 2 (Injural give location)	1+000
information	clearly	STREET ADDRESS Emmal & Jenual Hospital 632 4705EVE	LI MYZ,
			Day) (Year)
item of	death	DECEASED: (Type or Print) ERVIN DEATH: JULIA	4 - 1955
E		5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday If UNDER 1	
	Jo	male with WIDOWED DIVORCED DIV	Days Hours Min.
2	es	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
Gevery	causes	work done during nostlot working life, \(\) TOR INDUSTRY.	COUNTRY
BINDING Supply er	2	even if retired) KEI IREO KETRIS ERATION 40RN CO, CH. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	1.7.44
Supply	the	13. PAIRERS NAME:	
Su	te	Keuben Harbold Ellen Brillhast	
R 7		15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	0
FOR INK.		of service) 176-01-8623 Mrs Ervent arbold	Same.
		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
RVED	pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
A C	**	420.1 Minocardial Indiana south	2 Lhain
RESERVED	Physicians	IMMEDIATE CAUSE (A) DUE TO	- L Fredu
RESE	ici	ANTECEDENT CAUSE (\$)	
2 5	1ys	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	
RGIN	P	STATING UNDERLYING CAUSE LAST.	
MARGIN Y. WITH	nt.	(C)	
M.Y.	tal	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DOL	DISEASE OR CONDITION CAUSING DEATH.	
PLAINLY	important.	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
71			YES NO
	and a	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (Coun	ty) (State)
WRITE	eci	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	
	dss	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	20	OF INJURY While Not while at work at work	
OR		22. I hereby certify that I attended the deceased from 7/4/, 19.55 to 7/4/, 19.55 that I last	saw the deceased
		1/ 2/25	
		alive on	stated above. TE SIGNED
TYPE	correct	See All Bellie I all the Man	7-4-55
[±	COL	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town,	county) (State)
A A		REMOVAL TSPECIFY) 1/7/65 MTROCE CEMETERY YORK YORK	CA FA
PLEASE		Sware III III III III III III III III III I	LADDRESS A
2 0		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAL ST. WILLIAM AND THE HILL TO TAKE OF SALIS	bury Mo
		maryw. Mary may morning To	4

BUREAU V. S.

7187

CERTIFICATE OF DEATH

Reg. Dist. No. 332

- 1	A CONTRACTOR OF THE CONTRACTOR		the state of the s	
-1	1. PLACE OF DEATH	2. USUAL RESIDENCE	E (HOME) OF DECEASE	0
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н	COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corpora	to lights, write RURAL and give nee	ent town)
	OR end give negrest town) (in this place)	OR A	· li mi	
	12 TOWN Salistury Md Lake	TOWN Seles	way my	12
	HOSPITAL OR INSTITUTION OR	STREET	(Il rurel give location)	1
1	STREET ADDRESS	ADDRESS	11	
	3. NAME OF (First) 2. (Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
П	DECEASED	(2011)	OF w	^ (100)
	(Type or Print) Challes Har	moy	DEATH /	1965
1	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED,	F BIRTH 9.	AGE lest birthdey IF UNDER	
-	femile ale (Specify) Welowa aug,	12.1860	96- yrs. Months	Deys Hours Min.
		11. BIRTHPLACE (State or foreign		CITIZEN OF WHAT
	done during most of working life even if OR INDISTRY	7		COUNTRY 2
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П	13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME DO 1	
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4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS /	
	(Yes, no, or unk.) (If Yes, give wer or detes of service)	1//201	WALL OF	M M
		1 Korev	a July	1411
П	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION		ONSEL AND DEATH
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	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Musion		A
	STATING UNDERLYING CAUSE LAST. DUE TO			117,1
1	(c) (M)	uo selle	0510	me
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	00		111.6.
1	DISEASE OR CONDITION CAUSING DEATH.	slew,		Week
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
				YES NO
	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	tic. WHERE DID INJURY OCCUR?	(City or town) (Coun	nty) (State)
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
П	M. While Not while et work			
B	1/ . /	1910 (duy Ci	
1	22. I hereby certify that I attended the deceased from	, 19 Lat. 2, to	199, that I	last saw the deceased
1	alive on 195, 195, and that death occurred at.		uses and on the date state	d above.
2	SIGNATURE // // //	ADDRI	ESS (Street, city, town, stete)	DATE SIGNED
0	I's NOS KIN DOWNEY M.D. O	Aalisbur	y Will.	July 8 195
00-4	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or county	(State)
700	REMOVAL (SPECIFY)	em-	2011. Plans	md
S	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SI	CNIA TAIDE	ADDRESS
-	1000	25. FUNERAL DIRECTOR'S SI	SIND OF STREET	ADDRESS
	DATE 7-12-03 13.7 Nagraso - W	Buoms	11 aug.	Carlotte and comment

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INSTRUCTIONS

7183

CERTIFICATE OF DEATH

Dist No.	3	3	>
Dist. No.			

Reg.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY / / / C C	months of t
COUNTY (U) COM/CC MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE // PRUIANC COUNTY OMERSE!
OR and give neerast town) (in this place)	CITY (If outside corporate limits, write RURAL end give neerest town) OR
12 TOWN SALISBURY 2 was	TOWN Edon
HOSPITAL OR	STREET (If rural giva location)
INSTITUTION OR STREET ADDRESS P	ADDRESS
PARINSULA GENERAL MOSFILAL	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Yeer)
(Typa or Print) JACOD EARLESS	HARMAN DEATH 111 29 104-4-
5. SEX 6. COLOR OR 7. SINGLE, MARRIED; 8. DATE (OF BIRTH 9. AGE last birthday IF INDER 1 YEAR IF UNDER 24 HRS.
RACE WIDOWED, DIVORCED,	Months Days Hours Min.
m Col. (Specify)	3 9 9 yrs.
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if	Some + Po LM / COUNTRY?
12 EATHER'S NAME	Coden, asmer sot is. Mail 7/3/3
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Human	desiral Thistown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no grunk.) (If Yes, give war or dates of service)	= m m : 11 , 51 m 1041
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I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSEJ AND DEATH
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MANUAL CAUSE (A)	un tele for the 1112 course
ANTECEDENT CAUSE(S) DUE TO .	(d)
DISEASES OR CONDITIONS, IF ANY, (B)	(Suse unisnown)
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
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IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1 beleverers lettere
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
I SE THE ST STEEL ST STEEL ST STEEL ST STEEL ST	YES IN NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	210. WHALE DID WOOK! OCCOR! (City of fown) (County) (State)
[IF EITHER, NOTIFY MEDICAL EXAMINER] 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	214 HOW DID BUILDY OCCUPA
While Not while	21f. HOW DID INJURY OCCUR?
M. at work L	
22. I hereby certify that I attended the deceased from 7/16	, 19 55 , to 7/29 , 19 55, that I last saw the deceased
37 / 1/3 / 1 3 7 / /	
alive oh	M, from the causes and on the date stated above.
THE STATE OF THE S	ADDRESS (Street city, lown prior DATE SIGNED
1 cared for men M.D.	X all 4 my led billy 30 1957
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stata)
REMOVAL (SPECIFY)	Descritory &1 0 in
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Las announced as a series of the series of the
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE
DATE aug. 2, 1955 Mary N. Holloway	Mary a Stewart 32 t. 8. Change
1 1/8	The state of the s

BE STORITHAN HTEATH OF MEMBER OF MEALTH-BALTIMORS, 18

CERTIFICATE OF DEATH

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BUREAU V. &

BUREAU V. S.

1055 JULY 80 1955

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MORE,	18	Reg.	Dist. 332
OF	DEATH		

MEDICAL EXAMINER S CER	TIFICATE OF DEATH No. 46
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Wise Mic O MARYLAND	STATE OFICE COUNTY & Soto
CITY (If outside corporate limits, write RURAL OR and give nearest town)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Arcadia 48 x - 3
HOSPITAL OR SISTREET ADDRESS PEN INSULANGENCE & MOSP.	STREET (If rural, give location) ADDRESS 6 1 8 0 7 d
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Edward T	CLast) CLast) CLast) CLast) CLast) CLast Clas
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): \$ 1 \(\)	Ch 18, 1950 5 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Hartfield	Christine Gunner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Field Areadia Fla.
18. MEDICA	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 930 X Immediate cause (a) Unitarial F	temerlinge - Shork & hours
Antecedent cause(s) Diseases or conditions, if any. (b) DUE TO DUE TO	Idominal Visiera
giving rise to the above cause DUE TO stating underlying cause last	1 - 1 + 1
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	on Tuld - him our ly hock
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
	Yes 🗌 No 🗗
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc., INJURY	Westown R. FO. Sement grid
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while inJURY Occurred work □ at work □	While asley in Bean Field.
	ed above, held an Autopsy [], Inspection [], Inquiry [], and
find that death resulted from: Natural causes [], Accid	lent , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED
PA Johnson	M. D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.
28. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 7 1/7 55 Cake Cel	y OR CREMATORY LOCATION (City, town, or kounty) (State)
DATE REC'D AV LOCAL REGISTRAR'S SIGNATURE REG. 7/8/5	24. FUNDRAL DIRECTOR ADDRESS WILLIAM & James of Trovales and
111111111111111111111111111111111111111	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15A - 5 - 53

executed within

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07199

CERTIFICATE OF DEATH 7191

Reg. Dist. No. 332

1. PLACE OF E	EATH				2. USUAL RI	ESIDENC	E (HOME) OF	DECEASE	D		
COUNTY Wi	comico		MARYL	LAND	STATE Ma:	ryland	d county	Wico	mico		
	corporete limits, writa R	RURAL	LENGTH C		CITY (Il outs	ide corporal	a limits, writa RURAL	and give net	erest town)		
OR and give	sbury, Mary	vland	2 mo.	25 days		alisb	iry, Mary	Land		13	2
HOSPITAL OR	<u> </u>	/			STREET		(Il rural (give focation)		/	
INSTITUTION OR	Deer's H	Head Sta	te Hosp	ital	ADDRESS	P.O. 1	Box 762				
3. NAME OF	(First)		(Middle)		(Last)		4. DATE (M	onth)	(Day)	(Yaa	r)
(Type or Print)	Kearney	Cr	escent	Hit	ch		DEATH (July	10	19	55
S. SEX 6.		SINGLE, MAR	RIED,	B. DATE OF	F BIRTH	9.	AGE last birthday	IF UNDE		IF UNDER	
Male	White	WIDOWED, D (Specily) Wi	dowed	Dec.	10, 1880		74 yrs	. Months	Days	Hours	Min.
	TION (Give kind of wor		IND OF BUSINES	SS	11. BIRTHPLACE (Stat	te or foralgn	country)	1:		N OF WH	AT
retired) Park	it of working fife, even ring Attenda	int	unk unk		Wilmingt	on. De	el.		USA		
3. FATHER'S NAME					14. MOTHER'S						
Dr.	Thomas A.	Hitch				Alr	nira Daise	ЭУ			
	EVER IN U. S. ARMED		SOCIAL SEC	CURITY NO.	17. INFORM	ANT & AD	DRESS				
Yes, no, or unk.)	(If Yes, give war or dates	s of service)	"215-18	-4736	Но	anita"	Records	& Mrs	. Ma	rgare	t
			18. ME	DICAL CER	TIFICATION TO	THE LA	でありまずだりた	Lince	T TINE	WAS IN	1
I DISEASES OR COI	NDITIONS DIRECTLY LEA		1			(No H	elation)		ONS	SET AND D	EATH
420.1 IMME	DIATE CAUSE	(A)	Coronar	y Throm	oosis				3 0	lays	
,		IE TO	Amtomio	a-lomat:	ic Cardiov	o colo	m Di googo		,	ink	
DISEASES OR COND	ITIONS, IF ANY,	(8)	ALGELIO	SCTELO 0	ie cardiov	abcha	Disease			WILL	
GIVING RISE TO TH STATING UNDERLYIN	IG CAUSE LAST. DU	E TO							1 AUT		
TA OTHER SIGNIFICAN	NT CONDITIONS CONTR	(C)							_		
TO THE DEATH BUT	NOT RELATED TO THE										
19e. DATE OF OPERA		MAJOR FINDINGS	S OF OPERATIO	N						. AUTOPS	
A CCIDENT NAME	INDEBLANCE CO.	211 01 4 65 ///		1.0		V OCCUB)	(63	10		hand .) III
21a. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH	21b. PLACE (Hor OF INJURY street,			tc. WHERE DID INJUR	CF OCCUR?	(City or fown)	(Cou	nry)	(State	
21d. TIME OF INJURY	(Month) (Day) (Ye		. INJURY OCC		II. HOW DID INJUR	Y OCCUR?		11111			
				work							3 7 3
22. I hereby o	ertify) that I affer	nded the dece	eased from	April 15	. 19.55 to	July	y 10, 19.5	2, that I	last sav	w the de	cease
alive onJ					7:15A.M. from						
SIGNATURI	1 // 1 .	0 1					SS (Streat, city, to			DATE SI	GNE
	A'r M	ialili	ue,	M.D.	Sali	sbury	Maryland	1	7/	10/55	5
3. BURIAL, CREMAT		THEREOF	NAME OF	CEMETERY OR			LOCATION (City, to		y) (v	(5	State)
	rial Jul	y 14.	55 1	Parsons	Cemetery		Salisbury	. Mary	land		
24. REC'D BY REGIST		RAR'S SIGNATUR			25. FUNERAL DIR		GNATURE		ADDRESS		
DATE July 14.	1955 m	ary Ha	Mauro	y V	HOLLOWAY	% CC	MPANY S	ALISBU	JRY M	ARYLA	ND
				-7							A THE REAL PROPERTY.

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N. B. Store Co. J. S. Hovemen and Asserts H.

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ATTENDING PHYSICIAN OR HOSPITAL:

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 192

07200

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED
COUNTY Wicomico	MARYLAND	STATE Maryla		icomico
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Salisbury	(in this plece)	CITY (it outside corpor OR TOWN Salis	ate limits, write RURAL and give n	earest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 Race St		STREET ADDRESS 208	(If rurel give location Race St.	/
DECEASED	Aiddle) HNSON	(Last)	4. DATE (Month) OF DEATH July	(Dey) (Year) 20 th 19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIEI WIDOWED, DIVO (Specify Wildow)	DRCED.	8, 1877	78 yrs. IF UND	ER 1 YEAR IF UNDER 24 HR! Deys Hours Min.
done during most of working life, even if OR I	OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or foreign Walstons Ma	ryland	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Elijah Hobbs		14. MOTHER'S MAIDEN N	IAME	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If Yes, give wer or deles of service) (If Yes, give wer or deles of service)	SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS e. Harmon (Dought sbury, Maryland	er)309 Quincy
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH #20.0 IMMEDIATE CAUSE (A)	18. MEDICAL CE		Laisean	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	rebro V	ascular	accident	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR FINDINGS C	OF OPERATION			20. AUTOPSY 2 YES NO
RIO, ACCIDENT WAS UNDERLYING 21b. PLACE (Homo, DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR	? (City or town) (Co	unty) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While M. et wor		21f. HOW DID INJURY OCCUR	?	
22. I hereby certify that I attended the decease	sed from 5/10	1904 10 7	12, 1955, that	I last saw the decease
alive on 7/12 , 1905 , and	that death occurred a		auses and on the date sta	
STRATURE MATCHILL	u n. Ma			DATE SIGNE
	M.D. MA	aryland Ave. Sa	lisbury, Marylan	d July 22 19

Parsons Cemetery

REC'D BY REGISTRAR 7-25-55

VS A15C

July 23, 1955 laway

25. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY

Maryland ADDRESS SALISBURY MARYLAND CERTIFICATE OF DEATH

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	THE REPORT OF THE RESIDENCE OF				
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60 11 06	W. Carlo Humana	CNACH	Nosipigi,	SPACIN	
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	ana.lycant		Trees Perty	with not to	Labor
	Jan.	G ciora		#4do3	101.146
· Harrison State (was		7			

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

117201

7227

CERTIFICATE OF DEATH

COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) OR and give nearest town) OR and give nearest town) OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (Type of Print) Topic of the control of	
CITY (If outside corporate limits, write RURAL and give neerest town) OR and give neerest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF OF OF OF OF OF OF DECEASED (Type or Print) 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. OATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 2	
OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS NAME OF DECEASED (First) TOWN (In this place) (If rurel give location) (In this place) (In this plac	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (First) (Type or Print) 5. SEX 6. COLOR/OR 7. SINGLE, MARRIED, 8. OATE OF BIRTH 9. AGE last birthdey FUNDER 1 YEAR IF UNDER 2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (First) (If rurel give location) (ILast) 4. DATE (Month) OF DEATH 19 5. SEX 6. COLOR/OR /7. SINGLE, MARRIED, 8. OATE OF BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 2	
ADDRESS ADD	
STREET ADDRÉSS 3. NAME OF DECEASED (First) (Middle) (Last) (Type or Print) 5. SEX 6. COLOR/OR 7. SINGLE, MARRIED, 8. OATE OF BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 2	
Type or Print) 5. SEX 6. COLOR/OR 7. SINGLE, MARRIED, 8. OATE OF BIRTH 9. AGE loss birthdey IF UNDER 1 YEAR IF UNDER 2	~~
Type or Print) 5. SEX 6. COLOR/OR 7. SINGLE, MARRIED, 8. OATE OF BIRTH 9. AGE loss birthdey IF UNDER 1 YEAR IF UNDER 2	1-1
5. SEX 6. COLOR/OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE lost birthdey IF UNDER 1 YEAR IF UNDER 2	
A PACE / WINDOWER DIVORCED	20
PACE / WIDOWED DIVORCED	HRS.
	Min.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
10e, USUAL OCCUPATION (Give kind of work 10b, MND OF BUSINESS 11. BIRTHPLACE (Slete or foreign country) 17. CITIZEN OF WHAT	1 -
done during ment of working life, even if COUNTRY?	1
Jas march Warn to man & later to the	<u></u>
13. FATHER'S NAME	
Leven Horner amenda Horner.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS	/
(Yes, 10, or link.) [If Yes, give wer or deles of service) 9 9 10 11 11 11 11 11	< 1
212-12-763 Mary Homer Pollowy	nd
18. MEDICAL CERTIFICATION INTERVAL BLIWE	
I DISPASES OR CONDITIONS DIRECTLY LEADING TO DEATH ON THE CONTRACT OF THE CONT	TH
127V	0.
23/X IMMEDIATE CAUSE (A) USENTIL. ILLI	
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1
TO THE DEATH BUT NOT RELATED TO THE	VA
DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOST	
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (State)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Monih) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
M et werk at work	
M. et work et work	
M. While Not while M. et work et work	ased
22. I hereby certify that I attended the deceased from 19.48, to 7.6, that I last saw the dece	ased
22. I hereby certify that I attended the deceased from 19.55, that I last saw the deceased alive on 19.55, and that death occurred at 19.50, from the causes and on the date stated above.	
22. I hereby certify that I attended the deceased from 19.48, to 7.6, that I last saw the dece	
22. I hereby certify that I attended the deceased from	NED 53
22. I hereby certify that I attended the deceased from	NED 53
22. I hereby certify that I attended the deceased from	NED 53
22. I hereby certify that I attended the deceased from	NED 53
22. I hereby certify that I attended the deceased from	NED 55
22. I hereby certify that I attended the deceased from	NED 55

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CERTIFICATE OF BEATH

Street, Briefly

CODAC RESIDENCE BIOHER OF LINGUISTED

View, 2162 3

Bring of the last year and the same of the

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ST SECARONE

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07202

CERTIFICATE OF DEATH

Item 9, FilmGl84 7-28-55 et		1 2. USUAL RESIDENCE (HOM	E) OF DECEASE	D
Wiennies			COUNTY Anne	
COUNTY WICOMICO CITY (If outside corporate limits, write RURAL	MARYLAND LENGTH OF STAY	STATE Maryland CITY (Il outside corporate limits, wri		
OR end give neerest fown) TOWN SELISBURY	(in this place)	OR	a KOKAC end give ned	arest town,
	3½ yrs	TOWN Baltimore		02 X - 2.
HOSPITAL OR INSTITUTION OR		STREET ADDRESS 200 360 37	(If rural give location)	and Die
7/ STREET ADDRESS Deer's Head State	te Hospital	ADDRESS 302 Midland	Ave; rata	osco rk.
3. NAME OF (First)	(Middla)		TE (Month)	(Day) (Year)
(Type or Print) Minnie		Horshaw DE	ATH July	18 ,,55
5. SEX 6. COLOR OR 7. SINGLE, MA	ARRIED, 8. DATE	OF BIRTH 9. AGE lest	birthdey IF UNDE	
F Col (Spacify)	DIVORCED, Widowed May	3, 1873	Months	Days Hours Min
	KIND OF BUSINESS	27 2012	угэ.	2. CITIZEN OF WHAT
done during most of working life, avan if	OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		COUNTRY?
ratired) Unk.	Unk.	Unknown		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Samuel Luckus		Evilymine Reed		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
(Yes, no, or unk.) (If Yas, give war or datas of sarvica)	Unk	Hospital reco	rde	
Unk.	18. MEDICAL CE	*		I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH TO. MEDICAL CE	RIFICATION		ONSET AND DEATH
332× IMMEDIATE CAUSE (A)	erebral thrombo	osis		3 days
ANTECEDENT CAUSE(S)	rteriosclerosis	s, general		?
GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 . 1			?
TO THE DEATH BUT NOT RELATED TO THE AT	terioscierotic	cardiovascular diseas	5E	4
19a. DATE OF OPERATION 19b. MAJOR FINDIN	IGS OF OPERATION			20. AUTOPSY?
				YES NO
	dome, farm, factory, eat, office bldg., atc.)	21c. WHERE DID INJURY OCCUR? (City or to	wn) (Cou	nty) (Stete)
	21a. INJURY OCCURRED Whila Not whila at work at work	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I affended the de	Oct.	23 10 51 . July 18	10 55	last something
AZ. I nereby certify that I arended the de	eceased from	2 · KOP	, 17, That I	iasi saw ine deceas
alive on July 18 , 19.55 , as signature	and that death occurred	2:50PM, from the causes and	on the date state	ed above.
SIGNATURE //	L.V.	Maldve, M.D. ADDRESS (Sire	i, city, town, stelle)	The plant
V. Male	M.D	Jeer's Head Hospital;	ballsbury,	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY O	R CREMATORY LOCATION	(City, town, or count	y) (State)
Burial 7-21-55	Nount Aut	urn Ct. Bal	timore C'	it.v
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS
A. KEED DI KEGISIKAK	7 /	A -		A
DATE 7-25-55 Mary 9/	. Holloway	Daint SCD.	ment.	len

CERTIFICATE OF DEATH

AT JEONITIAN HILAND OF THE DIRACT DE MALTHABATTINOBE, 15

THE PERSON LAW TO THE PARTY NAMED IN

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7194 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		CERTIFICATE OF DEATH Reg. Dist. No.
	carefully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
•	carefull legibly.	COUNTY I DEPOSITE MARYLAND STATE MARYLAND COUNTY MARYLAND
	-	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town
M	and and	12 TOWN Some pearest town) 10 98 TOWN Show Till 23X-2
103	Iv Iv	HOSPITAL OR STREET (If rural give location) ADDRESS
-	item of information of death clearly and	STREET ADDRESS COMMENCE OF HOOD TO
	inf	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year)
	of	DECEASED: (Type or Print) (1) 10,000 J Judy J DEATH: July 2- 1955
	de de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE iast birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
		male white (Specify): aug. 6, 1862 92 yrs. 10 26 Hours Min.
	every	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retire). OR INDUSTRY:
NG	6)	Tarmer Turming Action (1114 1114 1114
BINDIN	Supply te the	13. FATHER'S MAIDEN NAME:
BIN	Su	samuel Hudson Mary E. Hudson
	K. Su write	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:
FOR	IN se	ho of service) None Mrs Mary H. Lownsend,
30	NG IN	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION ONSET AND DEATH
N.	DING plea	2.60 X
E		IMMEDIATE CAUSE (A) HIS RO CHAPLE (FLEUMBUCK 2 days)
RESERVED	TH UNFA	ANTECEDENT CAUSE (8)
	H 1	GIVING RISE TO THE ABOVE CAUSE OUE TO OUT TO THE ABOVE CAUSE DUE TO
ARGIN	-	STATING UNDERLYING CAUSE LAST. (C) Diabetes wells the
AR	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
M	LY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
	INLY	19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
	7	YES NO NO
1	1	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? (State)
1	-	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work
	OR e is	
2	200	3/350
n I	Ω.	alive on, and that death occurred at J.M, from the causes and on the date stated above. SIGNATURE ADDRESS. DATE SIGNED
10		11) Plen & - Ellis 1 to M.D. Falislein, Md 7-3-55
15	PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
∢ .	PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR . ADDRESS
>	hand	REGISTAGE 5- 55 (Mary W. Hollman Clay E. Dennis, Snow Hill Mo

BUREAU V. 5

5361 4 7NC

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICAT	E OF DEATH Reg. Dist. No. 332
1. PLACE OF BRATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY WICOMICO MARYLAND	STATE UIRGINIA COUNTY 4CCOMAC
1. PLACE OF BBATH: COUNTY WILON ICO MARYLAND CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN SALISBURY HOUR	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN NEW CHURCH 83X-3
HOSPITAL OR SO STREET ADDRESS I EININSULA GENERAL HOSPITAL	STREET (If rural give location) ADDRESS
S. NAME OF (First) (Middle) DECEASED: (Type or Print) / ENRY S. SEX: 6. COLOR OR 7. SINGLE, MARRIED: 8. DATE	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 501.4 25 1955
MAIF WHITE (Specify):	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 19, 1883 7/ yrs. 6 Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY) of liftering farmer worning own farm	
13. FATHER'S NAME: Stenry & Hurley	Julia ann Hall
(Yes, no, or unk.) (If Yes, give war or dates of service) (Yes to be a service) (Yes to be a service) (Yes to be a service)	Mrs. Willie Mae Hurley New Church Da
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) WORKING	entery thrombosis Heles.
IMMEDIATE CAUSE ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	of Atherosclevosis
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	Fulmonery Elema 3 les.
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, f	netory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	21F. HOW DID NJURY OCCUR?
22. I hereby certify that I attended the deceased from alive on SIGNATURE 25 195 and that death occurred at	t 91
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET	E. Bustery Desmoke, Md

VS. A15-10-53

Supply every item of information carefully. The

M

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

DATE REC'D BY LOCAL RESISTRER 6-33

REGISTRAR'S SIGNATURE

BOKEYO K Z.

101 S8 1022

SECEDAED

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ours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7198

CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF DE	CEASED
COUNTY W:	Lcomico	MARYLAND	STATE Maryl	and COUNTY	Wicomico
CITY (If outside corporete		LENGTH OF STAY	CITY (If outside corp	orata limits, writa RURAL ar	d give neerest town)
OR end give neerest to	isbury	(In this piece) Most of life	OR TOWN	Salisbury	15
HOSPITAL OR	TROUTA	i Mage of Tire	STREET	(If rurel give	e location)
INSTITUTION OR			ADDRESS	(11 1 21 41 311	o localion,
STREET ADDRESS	L12 Catherin		1	12 Catherine	Street
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Mon	th) (Day) (Yaar)
	7iola	Elizabeth	Jackson	DEATH 7	- 13 - 19 55
5. SEX 6. COLOR	OR 1 7. SINGLE,	MARRIED, 8. DATE C		9. AGE lest birthday	IF UNDER 1 YEAR IF UNDER 24 HR
RACE	WIDOWE (Specify)	D, DIVORCED,	2004		Months Days Hours Min.
Female A.A.		DITTELA I T-	27-1904	51 yrs.	5 16
10e, USUAL OCCUPATION (Girdona during most of worki	ng life, even if	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
retired) Cafeber:		ambell Soup Co.	Salisbury, Wi	comico Co. M	d. USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	James Jacks	077	177	enera Messic	· ·
15. WAS DECEASED EVER IN		I 16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDOCCC	
	e wer or detes of service)			5	alisbury, Md.
No	No	217-09-6853	Mrs. Nelli	e Nichols. 3	32 Lake Street
	SISSERILL APARITO TO S	18. MEDICAL CER		1	INTERVAL BETWEEN
I DISEASES OR CONDITIONS	DIRECTLY LEADING TO D	SAIN .	1/ /	.//	ONSET AND DEATH
157 X IMMEDIATE CAL	USE (A)	a) conoma	Headol	anciaso	undelemi
	BUE TO		1000		
ANTECEDENT CAL	035(3)				
DISEASES OR CONDITIONS, I	CAUSE				
STATING UNDERLYING CAUS					
II OTHER SIGNIFICANT CONDIT	(C)				
TO THE DEATH BUT NOT REL					
DISEASE OR CONDITION CA					
19a. DATE OF OPERATION	196. MAJOR FIND	INGS OF OPERATION			20. AUTOPSY?
(6/					YES NO
21e, ACCIDENT WAS UNDERL' OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EX	F DEATH OF INJURY S	(Home, ferm, fectory, treet, office bldg., etc.)	21c, WHERE DID INJURY OCCU	IR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month	(Day) (Yeer) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCU	IR?	
	M.	While Not while of work		1	
	A Commence of the commence of	11	1	11/12	
22. I hereby certify		danaged from 1777/1/2	30 1 // 40	1 V/. / 10 /	
	that I attended the	deceased from	, 17)	14. 14. 14. 14. 14. 14. 14. 14. 14. 14.	, that I last saw the decease
alive on 55 July	11		1155	1	
alive on S	11	and that death occurred at	M, from the	1	ate stated above.
SIGNATURE	1955		M, from the	causes and on the d	ate stated above.
SIGNATURE	ernell.	and that death occurred at M.D. 65	2W main	causes and on the directs (Street, city, town	ate stated above. o, steta) DATE SIGNET SALE AND 15 July
SIGNATURE	1955		2W main	causes and on the d	ate stated above. o, steta) DATE SIGNE MA: 15 July
23. BURIAL, CREMATION,	DATE THEREOF	M.D. 65	The Main	causes and on the directs (Street, city, town	ate stated above. of stated above. Assistant to the state of the sta
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	ernell.	M.D. 65 NAME OF CEMETERY OR Green Acres	The Main	causes and on the d RESS (Street, city, fown COCATION (City, fown Saliabury	ate stated above. of stated above. Assistant to the state of the sta
33. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 7-17-55 REGISTRAR'S SIGN.	M.D. 65 NAME OF CEMETERY OR Green Acres	CREMATORY Memorial Park 25. FUNERAL DIRECTOR'S	causes and on the d RESS (Street, city, town COCATION (City, town Saliabury, SIGNATURE	ate stated above. of states above. of states above. Office of states

CERTIFICATE OF DEATH

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Osfetrio Compail Comp Do. Salisburg, Monday Co. M. 1.

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Salientry. Md.

717-09-863 Hrs. Fellia Hohol:, 329 Leke Street

BUREAU V. S.

5361 81 TH

During 7-12-of Oren Agree Degra Selisbury, incenior De. 10.

CERTIFICATE OF DEATH

Reg. Dist. No.

					2. USUAL RESID	ENCE (H	OME) OF D	ECEASE	D	
COUNTY	Wicon	nico	MARYL	AND	STATE Mar	rland	COUNTY	Wice	mico	
CITY (If ou	tsida corporata limits, write		LENGTH OF	STAY	CITY (It outside co	rporate limits	, write RURAL e	nd give ne	erest town)
12 TOWN	Salisbury		(in this pe	acoj	TOWN	Pitts	ville.	P. O.		X
HOSPITAL O	R		1		STREET ADDRESS			ve location)		1
STREET ADDR		la Genera	Hospit	al	ADDKE33					
3. NAME OF	(First)		(Middla)		(Last)	4.	DATE (Moi	nth)	(Dey)	(Year)
(Type or Print			H.	Je	cobs		DEATH 7	-	24	- 19 55
5. SEX	6. COLOR OR	7. SINGLE, MARR	IED,	8. DATE OF		9. AGE	last birthdey		R 1 YEAR	IF UNDER 24 H
Female	RACE	(Specify Mar	vokceb,	2-12	L05		50 yrs.	Months 5	12	Hours Min
10e. USUAL OCC	UPATION (Give kind of w	ork 10b. KIN	ND OF BUSINESS		I. BIRTHPLACE (State or f	oreign count			2. CITIZE	EN OF WHAT
dona during retirad)	most of working life, ever		RINDUSTRY	15 /91	W-42 0	a barret			COUN	USA.
13. FATHER'S NA	Farm Work	1 56	asonal		Wadley, G	N NAME				USAL
		and Deces	11			07-	-	D-		
15. WAS DECEA	M111	lard Powe.	L.L. S. SOCIAL SECU	RITY NO	I 17. INFORMANT	Ola		FOV	rell	
(Yes, no, or unk.)	(If Yes, give_war or date		. DOLINE SECO				70.4.4		Ma	
NO	No			ICAL CERT		acobs	, Pitts	AJITE		ERVAL BETWEEN
		UE TO Subd	ural her	natoma						
DISEASES OR CO	ONDITIONS, IF ANY,	(B)							1	to
GIVING RISE TO	THE AROVE CALISE	UE TO							1	/02 /rr
STATING UNDER	THE ABOVE CAUSE LAST. DI	(C)							7/	/23/55
STATING UNDER II OTHER SIGNIFI TO THE DEATH	THE ABOVE CAUSE LAST. DI	(C) TRIBUTING TE							7,	/23/55
STATING UNDER IT OTHER SIGNIFI TO THE DEATH DISEASE OR CO	THE ABOVE CAUSE LAST. DI CANT CONDITIONS CONT BUT NOT RELATED TO THE ONLY THE CAUSE OF THE CAUSE	(C) TRIBUTING HE TH.	OF OPERATION						7/	/23/55
GIVING RISE TO STATING UNDER II OTHER SIGNIFI TO THE DEATH DISEASE OR CO	THE ABOVE CAUSE LYING CAUSE LAST, DI CANT CONDITIONS CONI 1 BUT NOT RELATED TO TH ONDITION CAUSING DEAT PERATION MAS	(C) TRIBUTING HE HM. MAJOR FINDINGS, SIVE SUDO	lural he	matoma,	right.				7/ = 20 YES	/23/55 0_autopsy? 1 № □
GIVING RISE TO STATING UNDER II OTHER SIGNIFI TO THE DEATH DISEASE OR CO. 198. DATE OF SIGNIFI OR CONTRIBUTION OR CONTRIBUTION	THE ABOVE CAUSE LAST. DI CANT CONDITIONS CONT BUT NOT RELATED TO THE ONLY THE CAUSE OF THE CAUSE	(C) TRIBUTING HE TH.	lural her	matoma,	. WHERE DID INJURY OC		or town)	(Cou	7/ = 20 YES	/23/55
GIVING RISE TO STATING UNDER II OTHER SIGNIFI TO THE DEATH DISEASE OR CC 198. DATE 95 81 218. ACCIDENT V. OR CONTRIBUTING (IF EITHER, NOTIFY	THE ABOVE CAUSE LAST. IVING CAUSE LAST. ICANT CONDITIONS CONT I BUT NOT RELATED TO THE ONDITION CAUSING DEATH PERATION WAS UNDERLYING TO THE OFFICE CAUSE OF DEATH OMEDICAL EXAMINER IURY (Month) (Day) (1)	(C) TRIBUTING 4E HH. MAJOR FINDINGS SIVE SUDO 21b. PLACE (Hom OF INJURY street, Year) (Hour) 21a.	lural her e, farm, fectory office bldg., etc. INJURY OCCU	matoma,	right. . WHERE DID INJURY OC H. HOW DID INJURY OC Auto Acciden	CUR?	or town)	(Cot	7/ = 20 YES	/23/55 0_AUTOPSY?
GIVING RISE TO STATING UNDER II OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 190. DATE OF OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJ	THE ABOVE CAUSE LAST, DI CANT CONDITIONS COMI I BUT NOT RELATED TO TH ONDITION CAUSING DEAT PERATION MAS UNDERLYING XI G CAUSE OF DEATH / MEDICAL EXAMINER) IURY (Month) (Day) (1)	(C) TRIBUTING HE HM. MAJOR FINDINGS SIVE SUDO 21b. PLACE (Hom OF INJURY street, (Hour) 1955 M. et w	lural her e, farm, fectory office bldg., etc. INJURY OCCU ile Not york at w	RRED 2 while 2	WHERE DID INJURY OC II. HOW DID INJURY OC Auto Accider	CUR?	- d		7/ YES	/23/55 0_AUTOPSY? D NO [(Stele)
GIVING RISE TO STATING UNDER 11 OTHER SIGNIFI TO THE DEATH DISEASE OR CO. 190. DATE 96 OF CO. 210. ACCIDENT NO OR CONTRIBUTION (IF EITHER, NOTIFY) 21d. TIME 9F INJ 22. I hereb	THE ABOVE CAUSE LAST. DI CANT CONDITIONS CONT BUT NOT RELATED TO THE OMNITION CAUSING DEAT PERATION 196. WAS UNDERLYING TO CAUSE OF DEATH I MEDICAL EXAMINER; URY (Month) (Day) (1) 28 y certify that I atter	(C) TRIBUTING HE IH. MAJOR FINDINGS. SIVE SUDO 21b. PLACE (Hom OF INJURY street, White 1955 M. White ended the dece	inc. farm, fectory office bldg., etc. INJURY OCCU ille Not vork at w ased from	matoma, 210 RRED while 2 5/28/5	H. HOW DID INJURY OC Auto Accider 1., 19, 10	cur? nt /6/55	, 19	, that	7/ YES	/23/55 O_AUTOPSY? NO [(Stete)
GIVING RISE TO STATING UNDER 11 OTHER SIGNIFI TO THE DEATH DISEASE OR CO. 190. DATE OF OUT. 210. ACCIDENT OR CONTRIBUTING (IF ETHER, NOTIF) 21d. TIME OF INJ. 222. I herebalive on	THE ABOVE CAUSE LAST. DI INTERPRETATION PROPERTY OF THE ABOVE CAUSE LAST. ICANT CONDITIONS CONTINUED TO THE ABOVE CAUSE OF DEATH PROPERTY OF THE ABOVE CAUSE OF DEATH PROPERTY (Month) (Day) (128) Y certify that I atter 7/23/55, 19	(C) TRIBUTING HE IH. MAJOR FINDINGS. SIVE SUDO 21b. PLACE (Hom OF INJURY street, White 1955 M. White ended the dece	inc. farm, fectory office bldg., etc. INJURY OCCU ille Not vork at w ased from	matoma, 210 RRED while 2 5/28/5	MHERE DID INJURY OC H. HOW DID INJURY OC Auto Acciden Z., 19, to	cur? 1t /6/55	, 19	, that	22 YES I last sa	(State) w the decease
GIVING RISE TO STATING UNDER 11 OTHER SIGNIFI TO THE DEATH DISEASE OF COURSE OF COURS	THE ABOVE CAUSE LAST. DI INTERPRETATION PROPERTY OF THE ABOVE CAUSE LAST. ICANT CONDITIONS CONTINUED TO THE ABOVE CAUSE OF DEATH PROPERTY OF THE ABOVE CAUSE OF DEATH PROPERTY (Month) (Day) (128) Y certify that I atter 7/23/55, 19	(C) TRIBUTING HE IH. MAJOR FINDINGS. SIVE SUDO 21b. PLACE (Hom OF INJURY street, White 1955 M. White ended the dece	inc. farm, fectory office bldg., etc. INJURY OCCU ille Not vork at w ased from	matoma, 210 RRED 2 while 2 5/28/5 occurred at	MHERE DID INJURY OC H. HOW DID INJURY OC Auto Acciden 5., 19, to	CUR? 1t /6/55 causes a	, 19	, that	7/ YES I last sa ed abov	/23/55 O_AUTOPSY? NO
GIVING RISE TO STATING UNDER II OTHER SIGNIFI TO THE DEATH DISEASE OR CO. 190. DATE OF O. 210. ACCIDENT OR CONTRIBUTING (IF ETHER, NOTIF) 21d. TIME OF INJ. 222. I hereby alive on	THE ABOVE CAUSE LAST, DICANT CONDITIONS COMING TO THE BUT NOT RELATED TO THE BOTTON MASS UNDERLYING TO GO TO THE COMING THE	(C) TRIBUTING HE IH. MAJOR FINDINGS. SIVE SUDO 21b. PLACE (Hom OF INJURY street, Whi et w ended the dece	in that death	matoma, 210 RRED while 2 while 2 5/28/5 occurred at	H. HOW DID INJURY OC Auto Accidents, 19	CUR? 1t /6/55 causes a press	, 19 and on the Street, city, tow	that date staten, stete)	22 YES I last sa above 7/20	(Stete) W the decease. DATE SIGNI (Stete)
GIVING RISE TO STATING UNDER II OTHER SIGNIFIT TO THE DEATH DISEASE OR CI. 19a. DATE 9E 81 21a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIF) 21d. TIME 9F INJ 22. I hereby alive on SIGNATE 23. BURIAL, CRE REMOVAL (S. BURIAL)	THE ABOVE CAUSE LAST. DI INCANT CONDITIONS CONI I BUT NOT RELATED TO TH ONDITION CAUSING DEAT PERATION WAS UNDERLYING XI G CAUSE OF DEATH MEDICAL EXAMINER URY (Month) (Dey) (1) Y certify that I atte 7/23/55, 19 URE MATION, SPECIFY) DATE SPECIFY) DATE MATION, SPECIFY) DATE	TRIBUTING TRIBUTING IF IM. MAJOR FINDINGS SIVE SUDO 21b. PLACE (Hom OF INJURY street, Year) (Hour) 21e. Whi et w ended the dece. and THEREOF	in the line of the	matoma, 210 RRED while 2 while 2 5/28/5 occurred at	H. HOW DID INJURY OC Auto Accidents, 19	CUR? 1t /6/55 causes a press	, 19 and on the Street, city, tow	that date staten, stete)	22 YES I last sa above 7/20	/23/55 0_AUTOPSY? NO [(State) w the decease. DATE SIGN 6/55 (State)
GIVING RISE TO STATING UNDER II OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19a. DATE 9E 01 21a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIF) 21d. TIME 9F INJ 22. I herebalive on BIGNATE 23. BURIAL, CRE REMOVAL (5	THE ABOVE CAUSE LAST. DI ICANT CONDITIONS CONI I BUT NOT RELATED TO TH ONDITION CAUSING DEAT PERATION MAS WAS UNDERLYING XI G CAUSE OF DEATH MEDICAL EXAMINER) URY (Month) (Day) (1) Y certify that I atte 7/23/55, 19 URE MATION, DATE SPECIFY) GISTRAR REGIE	TRIBUTING IE IM. MAJOR FINDINGS SIVE SUDO 21b. PLACE (Hom OF INJURY street, Year) (Hour) 21e. Year) (Hour) and elve ended the dece	in the line of the	matoma, 210 RRED 2 while 2 rork 5/28/5 occurred at M.D. S EMETERY OR C ACTES		/6/55 causes a cause a cau	ind on the of Street, city, tow	date staten, stete)	22 YES I last sa above 7/20	/23/55 O_AUTOPSY? NO [(Stete) w the decease. DATE SIGN 6/55 (Stete)

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The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

hours after death.

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CERTIFICATE OF DEATH

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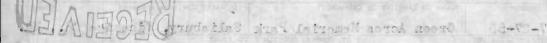
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INSTRUCTIONS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 7198

COUNTY Wicomico		2. USUAL RESIDENCE (HOME) OF DECEA	05.0
COUNTY W1COM1CO	MARYLAND	STATE Maryland COUNTY	Caroline
CITY (If outside corporete limits, write RURAL OR end give nearest town)	LENGTH OF STAY (in this place)	CITY (It outside corporete limits, write RURAL end give	neerest town)
/2 TOWN Salisbury, Maryla		TOWN Greensboro, Maryland	1 05x-2
HOSPITAL OR		STREET (If rurel give focat	tion)
9/ STREET ADDRESS Deer's Head	d State Hospital	ADDRESS Railroad, Avenue	
3. NAME OF (First) DECEASED	(Middla)	(Last) 4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Harry	B. Jar	man DEATH July	17, 19 55
5. SEX 6. COLOR OR 7. SIN	IGLE, MARRIED, 8. DATE		NDER 1 YEAR IF UNDER 24 HI
Male White Sp	powed May	7 22, 1892 63 yrs. Month	hs Deys Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
retirad) UNK	unk	Caroline County, Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Robert E. Jan	rman	Clara Barcus	
15. WAS DECEASED EVER IN U. S. ARMED FORC		17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of sar	vice) 2/3-0/-7//C	Hospital Records	
DISEASES OR CONDITIONS, IF ANY, (8)	D'UMINOUS		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		6	
STATING UNDERLYING CAUSE LAST. DUE TO (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	<u> </u>	8	20. AUTOPOV.
STATING UNDERLYING CAUSE LAST. DUE TO (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			20. AUTOPSY? YES NO 📆
STATING UNDERLYING CAUSE LAST. DUE TO CONTRIBUTION TO THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR 197. MAJOR 197. MAS UNDERLYING 216. FOR CONTRIBUTING 216. FOR CONTRIBUTION 216. FOR CONTRIBUTING 216. FOR CONTRIBUTION 216. FOR CONTRIBUTING 216. FOR CONTRIBUTION 216. FOR CONTRIBUTING 216. FOR CONTRIBUTION 216. FOR CONTRIBUTING 216. FOR CONTRIBUTING 216. FOR CON	<u> </u>	21c. WHERE DID INJURY OCCUR? (City or town)	
STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 19b. MAJOR CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	R FINDINGS OF OPERATION PLACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) 21f. HOW DID INJURY OCCUR?	YES NO
STATING UNDERLYING CAUSE LAST. OF TO (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaer) (C) 22. 1 hereby certify that 1 attended	R FINDINGS OF OPERATION PLACE (Home, ferm, fectory, furly streat, office bldg., etc.) Hour) 21s. INJURY OCCURRED While at work at work the deceased from Feb., 18	21f. HOW DID INJURY OCCUR?	(State) YES NO (State)
STATING UNDERLYING CAUSE LAST. OF COLOR	R FINDINGS OF OPERATION PLACE (Home, ferm, fectory, furly streat, office bldg., etc.) Hour) 21s. INJURY OCCURRED While at work at work the deceased from Feb., 18	21f. HOW DID INJURY OCCUR? 3, 19.55, to July 17, 19.55, the at 10:50AM, from the causes and on the date s	County) (State) at 1 last saw the decease stated above.
STATING UNDERLYING CAUSE LAST. OF TO (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaer) (C) 22. 1 hereby certify that 1 attended	PLACE (Home, ferm, fectory, lury streat, office bidg., etc.) Hour) 21a. INJURY OCCURRED While M. et work the deceased from Feb. 18 , and that death occurred a	21f. HOW DID INJURY OCCUR? 3, 19.55 to July 17, 19.55 the at 10:50AM, from the causes and on the date s ADDRESS (Street, city, town, stete Salisbury, Maryland	County) (State) at I last saw the decease stated above.
STATING UNDERLYING CAUSE LAST. OF COLOR	R FINDINGS OF OPERATION PLACE (Home, ferm, fectory, URY streat, office bldg., etc.) Hour) 21a. INJURY OCCURRED While M. et work at work the deceased from Feb, 18 , and that death occurred a	21f. HOW DID INJURY OCCUR? 3, 19.55 to July 17, 19.55 the at 10:50AM, from the causes and on the date s ADDRESS (Street, city, town, stete Salisbury, Maryland	County) (State) at I last saw the decease stated above. 7/17/55
STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR 21a. ACCIDENT WAS UNDERLYING 21b. F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yaer) (22. I hereby certify that I attended alive on	PLACE (Home, ferm, fectory, lury streat, office bidg., etc.) Hour) 21a. INJURY OCCURRED While M. et work the deceased from Feb. 18 , and that death occurred a	21f. HOW DID INJURY OCCUR? 3, 19.55 to July 17, 19.55 the at 10:50AM, from the causes and on the date s ADDRESS (Street, city, town, stete Salisbury, Maryland	ot I last saw the decease stated above. 7/17/55

mary

102 JUL 20 1955

GHAZIBAPE

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Wicomico	MARYLAND	STATE Maryland COUNTY Wicomic	20
CITY (If outside corporate limits, write RURAL OR and give pearest town) TOWN Salisbury	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Salisbury	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General	l Hospital	STREET (If rural, give location) 601 D Westover Drive	1
3. NAME OF (First) (DECEASED;	Middle)	(Last) 4. DATE (Month) (Day	(Year)
(Type or Print) Henry E		hnson DEATH 7 19	
5. SEX: 6. COLOR OR 7. SINGLE, M WIDOWED (Specify:)	ARRIED, DIVORCED,	OF BIRTII: 9. AGE last birthday: IF UNDER I Months D	
work done during most of work life,	KIND OF BUSINESS OF INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12	COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Kley Harris		Maigret lones	
(Yes, no, or unk.) (If Yes, give war or dates of	Social Security No.: 3-27-962/	17. INFORMANT & ADDRESS: 1 Johns	
		AL CERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADE	NG TO DEATH:	()	INTERVAL BETWEE
982X	ab wound of he	ort.	5 hours.
Immediate cause (a)	****		J. LIOUL.Bo
Antecedent cause(s)			
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO			
stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH.	THE		
19a. DATE OF OPERATION: 19b. MAJOR FIND			20. AUTOPSY?
21a. EXTERNAL CAUSE WAS 21b. PLAC	E (Home, farm, factory, street, office bldg., etc.		(State)
CAUSE OF DEATH. INJU	RY Home	Saliabury Wicomico	Maryland
21d. TIME (Month) (Day) (Year) (Hour) 21e. I W W INJURY 7 18 55 11 370 PM w	hile at Not while at work X	Stabbed in fight.	
		oed above, held an Autopsy [X, Inspection K]	
find that reath resulted from: Natur	al causes \square , Accid	dent [], Suicide [], Homicide [N, Undete	rmined cause [
SIGNATURE		CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
23. BURIAL. CREMATION. DATE THE EOF	NAME OF CEMETER	M. D. ASSISTANT MEDICAL EXAM.	7-22-55 ounty) (State)
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify): 7-26-55	mh neho	Cen Nebo De.	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGN	ATURE	24. JUNERAL DIRECTOR	ADDRESS
7-25-55 (Marsh)	YAT LIMAN	Deoles In West	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. E.

1922 JUL 27 1955

BECEINED

executed within

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INSTRUCTIONS

72

CERTIFICATE OF DEATH

Reg. Dist. No. 382

I. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DE	CEASED
COUNTY Wicomico	MARYLAND	STATE Marylar	d COUNTY	Wicomito
CITY (Il outsida corporate limits, write RURAL OR end give naarest town)	LENGTH OF STAY (in this place)	CITY (If outside corp.	prete fimits, write RURAL en	d give neerest town)
12 TOWN Salisbury	2 mons		Lisbury	13
HOSPITAL OR		STREET	(if rurel give	location)
INSTITUTION OR STREET ADDRESS 604 Complex Ass		ADDRESS		
004 cammen was			+ Camden Ave	
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Mont	h) (Day) (Year)
(Type or Print) CLAUDE	OWENS	KELL	DEATH 7	5 1955
S. SEX 6. COLOR OR 7. SINGLE, M		OF BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR IF UNDER 24 HR
RACE WIDOWED (Specify)	Married July	7 27, 1892	62 yrs.	Months Deys Hours Min.
	KIND OF BUSINESS	11. BIRTHPLACE (Stela or fore		1 12. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY		ign country)	COUNTRY?
	E. D. O.	Illinois		U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Alexander Kell		Emma Err	dn	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yas, no, or unk.) (If Yas, give wer or dates of service)	234-50-00	68 36- 03-	D 17.33	
YES WW L & 11		60 Mrs. Clara	s L. vett	same
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
120 · IMMEDIATE CAUSE (A)	argen so but 6	188/11/10	1.	Sudde.
	o we navy	mung		- Collin
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 196. MAJOR FINDIN	NGS OF OPERATION			
THE OF OPERATION	NGS OF OPERATION			20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory,	21c. WHERE DID INJURY OCCU	IR? (City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY str	eet, office bldg., etc.)		At (City of lowin)	(County) (Siete)
21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour)	21a. INJURY OCCURRED	21f. HOW DID INJURY OCCU	ID 2	
M.	While Mot while M	Z HOW DID WOOM! OCCO	, N. 1	
m.	al work et work	7,0		
22. I hereby certify that I attended the d	eceased from 1/2/	, 1922 , to	197.2	, that I last saw the decease
alive on				
SIGNATURE			RESS (Street, city, town	
H rod No Istan	real M.D.	& while	HII MAN	Y/7/05
BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	R CREMATORY	JOCATION (City, town	, or county) (State)
REMOVAL (SPECIFY) 7/2/195		ational Cemeter		THE CO.
1.00,-10				
4. REC'D BY REGISTRAR REGISTRAR'S SIGNAT	TURE	25. FUNERAL DIRECTOR'S		ADDRESS
DATE July 7, 1900 15. 1 hour	Mary ,	() The Hill &	Jehnson Co.	Salisbury, Md.

George C. Hill. II

JUL 11 1955

E. D. G.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7201

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE O	F DEATH				2. USUAL	RESIDENC	CE (HOME) OF	DECEA	SED		
COUNTY	Wicomio	30	MARYL	AND	STATE	Maryla	and COUNTY		Wicomi	co	
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	ive neerest town)		(in this p	21	OR TOWN		Ø . 2 4 2			1	2
10	Salisbur	7	Abou	t 12 yrs			Salisbury		lau)	- 10	6
HOSPITAL OF	OR				STREET		(it ruret g	IAS IOCSI	ionj	-/	
STREET ADDR	ESS Peninsul	a General	Hospi	tal			Willow Str	eet			
3. NAME OF		- ()	Middle}		(Lest)		4. DATE (M	onth)	(Dey)	(Y.	eer)
(Type or Print				Ko	rney		DEATH	7 -	- 5	an 10	55
5. SEX		SINGLE, MARRIE	D.	8. DATE OF		1 9	AGE lest birthdey	I IF UN	NDER 1 YEAR		R 24 HRS
	RACE	WIDOWED, DIV	ORCED,					Mont	hs Deys	Hours	Mln.
Female	A.A.	(Specify) W1	TOM		1896		59 уп.				1
10e. USUAL OCC	UPATION (Give kind of wor most of working life, even	k 10b. KINE	OF BUSINES	SS	1. BIRTHPLACE	State or foreign	n country)			EN OF W	TAI
retired)	Laundress	Star	Laund	irv	Guyton	. Geor	gia			USA	
13. FATHER'S NA						'S MAIDEN N					
	Dan dand						M 174				
IS WAS DECEAS	Benjami SED EVER IN U. S. ARMED		SOCIAL SEC	TIDITY NO	I 17 INEC	RMANT & AD	Maggie Hi	nes			
(Yes, no, or unk.)	(If Yes, give wer or detes		JOCIAL JEC	.OKIII 140.	17. 11410	AMAINI & AL	DKLJJ				
No	No	2	53-16-2	2533 A	Mrs.	Ida F	leming. Sa	want	lah. G	corgi	8
A DICEASES OF	CONDITIONS DIRECTLY LEA	DING TO DEATH	18. ME	DICAL CER	IFICATION	1197				SET AND	
I DISTASES OR	CONDITIONS DIRECTLY LEA	DING TO DEATH							01	ADEL MIAD	DIAIII
443XIN	MEDIATE CAUSE	A)		Acute	Cardi	tis-				IH	ouT
ANT	ECEDENT CAUSE(S) DU	E TO		**		Hon	t Diseas	A	1	Unk.	
		(B)		нурег	tensiv	e 11081	O DIBOUL			- 1211	
STATING UNDER	THE ABOVE CAUSE LYING CAUSE LAST. DUI	10									
		C)									19
	CANT CONDITIONS CONTRIBUT NOT RELATED TO THE	BUTING									
	ONDITION CAUSING DEATH			-							
19e. DATE OF OF	PERATION 19b. A	AAJOR FINDINGS	OF OPERATIO	N						20. AUTO	Bernatte
									YE		OX
2fe. ACCIDENT V	WAS UNDERLYING [] 2	1b. PLACE (Home	, farm, fector		c. WHERE DID IN	JURY OCCUR?	(City or town)	(County)	(Ste	le)
	MEDICAL EXAMINER)										
21d. TIME OF INJ	URY1 (Month) (Dey) (Ye	er) (Hour) 21e.	INJURY OCC	URRED 2	If. HOW DID IN	JURY OCCUR					
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	y certify that I after										aceased
alive on	July 5, 19.	55, and	that death	occurred at.	9:28.MP	roll the ca	uses and on the ESS (Street, city, to	date s	tated abo	ve.	
SIGNATU	RE /	8	111.			ADDR	ESS (Street, city, to	wn, stere)	DATE 8	IGNEL
\$1.J	LOKIKAI	St. Dans	DELI	M.D.	1 4 abren	W-	LECANSIA POR, IS	Lonz	hand	7/5	125
23. BURIAL, CRE REMOVAL (S		HEREOF	NAME OF	CEMETERY OR	REMATORIUL	33	ינט באווטא יכווי, וא	Wit, of	ALL LICE	1/2	(State)
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24. REC'D BY RE		AR'S SIGNATURE	the LE	ASOH OSI	2S. FUNERAL	DIRECTOR'S S	CNIATURE		ADDRES		
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DATE July	11, 1950 05.	T. Jung Co	10	w	Mary	المار، الما	wart Sal	isk	my	Mary	Kare
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INSTRUCTIONS

er death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

MENIANE STATE DEPARTMENT OF HEALTH-BALTIMORE, 16

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Wicomico Maryland Wicomico COUNTY COUNTY MARYLAND (If outside corporate limits, write RURAL end give neerest town) (Il outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN Salisbury TOWN Salisbury HOSPITAL OR STREET (il rural give location) INSTITUTION OR ADDRESS 105 W. Philadelphia Ave. 05 W. Philadelphia Ave. STREET ADDRESS NAME OF (Middle) (Last) 4. DATE (Month) (Year) DECEASED 1055-Rather Amelia Livengood DEATH JULY (Type or Print) ARRIED. 8. DATE OF BIRTH COLOR OR AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED DIVORCED Hours Aug. 2.1900 Female 54. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT OR INDUSTRY U.S.A. done during most of working life, even if retired) HOUSE WOTK Bivalve, Maryland, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Henry Larmore Annie Insley (Daughter) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. Mrs. Elizabeth Livengood Derickson (Yes, po, or unk.) (If Yes, give wer or datas of service) 18. MEDICAL CERTIFICATION W. Phila. Ave. Salisburger Mary Mary Mery I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Adrenal Gland DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20. AUTOPSY? 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION NO DE 1-25-1950 YES | 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 21J. HOW DID INJURY OCCUR? (Year) 21a. INJURY OCCURRED Whila Not while et work 22. I hereby certify that I attended the deceased from / - 2 2 alive on 7-18, 19.55, and that death occurred at 9.10PeM, from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, town, stete) DATE SIGNED OS. BURIAL, CREMATION,
REMOVAL (SPECIFY) NAME OF CEMETERY OR CREMATORY (Steta) Greenmount Cemetery July 22.55. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE Eolloway Company.

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INSTRUCTIONS

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed. The bottom copy may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CEDTIEICATE OF DEATH

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CER	IFICATI	LOFDEA	Per	g. Dist. No.	337
Item 9. FilmGl85 8-31-55 et					············
1. PLACE OF DEATH		2. USUAL RESIDEN			0.1
COUNTY Wicomico	MARYLAND	STATE Marylan	COUNT	Baltimore	
CITY (If outside corporate limits, write RURAL OR and give naarast town)	LENGTH OF STAY (In this place)	OP -	ete limits, write RURAL end	giva naerest town)
12 TOWN Salisbury	3 years	town Brook.	Lyn	3V	01-4-
HOSPITAL OR INSTITUTION OR Deer's Head State	Hospital	STREET ADDRESS	(If rurel give	location)	1
	Aiddle)	(Lest)	4. DATE (Month	n) (Dey)	(Yeer)
(Type or Print) Nellie		llister	- DERTH	aly 13	19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIEI RACE WIDOWED, DIVO	ORCED.	OF BIRTH 9	. AGE lest birthdey	Months Deys	Hours Min.
Female White (Specify) Wid	owed ?		Sst. 75 ym.	Months Deys	Hours Min.
1Da. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired) Unk.	11. BIRTHPLACE (Stets or foreign Maryland	n country)		N OF WHAT	
13. FATHER'S NAME Lewis Dowellson		14. MOTHER'S MAIDEN N Sarah M			
	SOCIAL SECURITY NO.	17. INFORMANT & AL	DDRESS		
(Yes, no, or unk.) (If Yes, give wer or detes of service)		Hospita	l records		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION		INT	ERVAL BETWEEN SET AND DEATH
449/X IMMEDIATE CAUSE (A) Bron	chopneumonia	, right lower 1	obe	1 4	8 hours
2115.70					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	eriosclerosis	, general			?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS C	F OPERATION				O. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory, fica bldg., atc.)	21c. WHERE DID INJURY OCCUR	(City or town)	(County)	(Stete)
	NJURY OCCURRED Not while	21f. HOW DID INJURY OCCUR	?		
22. I hereby certify that I attended the decease		10 52 to Jul	v 13 10 55	that I last co	u the deserved
		15:40PM, from the ca			
SIGNATURE A MULCHE,		e,M.D.; Deer Spr. Salisbur	fead Staite of	o's'pital	7/14/55
23. BURIAL, CREMATION, DATE THEREOF 7-15-55	NAME OF CEMETERY OF	CREMATORY B.D	LOCATION (City, town,	Cety	(State)
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	, or other property	25. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS	
DATE Aug. 24, 1955 Mary St. Sto	Cheway	1300k1	1 M/ves	Uh 1	

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and the second s	d a least documents	
1. PLACE OF DEATH' COUNTY WILCOMES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	11 orceans
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place)	CITY (If outside corporate limits, write RURAL and give TOWN	23x-2
HOSPITAL OR SINGULA SINGULA HOSPITAL	STREET (If fral, give location)	√
3. NAME OF DECEASED (First) (Middle)	Cheff (Month) OF PEATH (MONTH)	(Day) (Year) 19 50
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOMED, DIVORCED.	Morel 24 Select pithday Islander Months.	Days Hours Min.
10h. USCAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	md.	COUNTRY!
13. FATHER'S NAME Niblett	14. MOTHER'S MAIDEN NAME	1/
15. WAS DECRASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (1 year, give war or dates of 222-14-2347	17. INKOMANTY AND PORKSSLIT STA	alymelle.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BATWEEN CONSET AND DEATH
Immediate cause (a)	Certino relivorer	
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		***************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	COMPA OD BOWN)	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) NJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1925., to 7, 2 i, 1955, that I last s	saw the deceased
alive on	ADDRESS	atcd above. DATE SIGNED
23. POPIAL, CREMATION DATE, NAME OF CAPETE	RY OR CREMATORY LOADING City, Iwn, or coun	the hal
DATE REC'D BY LOCAL YREGITRAN'S SIGNATURE RIGH -21-35 Mary W. Hollsmay	21. FUYER Whales Sh	APDRESS,



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10L 25 1955

BUREAU V. S.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit. executed within TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist. No. 332

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1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
COUNTY WICOMIED	MARYLAND	STATE 1 ARIOL	AND COUNTY	NICOM	100
CITY (If outside corporeta limits, write RURAL	LENGTH OF STAY	CITY (If outside corpor	ata limits, write RURAL and		
OR and give nearest town) 12 TOWN SALISBURY.	(in this place)	OR TOWN CD	chieru		10
HOSPITAL OR		STREET	Alf rural give	location)	
INSTITUTION OR POSTER ADDRESS POSTER AND CALLED	1 71 1 mg	ADDRESS . i	Bandl		/
LENINZ CHACE	NERAL HOSPITA	410	JRAM DU S	ST Ree!	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month	(Day)	(Year)
(Type or Print) Win #!	+	ARSONS	DEATH J LA	14 19	1955.
5. SEX 6. COLOR OR 7. SINGLE, MA RACE WIDOWED,	ARRIED, 8. DATE C	OF BIRTH S	P. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS
MALE White (Specify)	Tul "	19-1955	Yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or foreign		1 12. CITIZE	EN OF WHAT
dona during most of working life, even if retired)	OR INDUSTRY	March	1	COU	NTRY?
I3. FATHER'S NAME		14. MOTHER'S MAIDEN N	,	I U.	S. P.,
to 1 1 01 1 in		14. MOTHER'S MAIDEN P	IAME		
RICHARD Shellon TA	RSONS	I HELEN M	ARIE GRO	u.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	00	,
(Yes, no, or unk.) (If Yes, give wer or dates of service)		Moe Holo	" Horn Si	Julinou	mil
	18. MEDICAL CER	RIFICATION	1 1 Shally John	INTI	ERVAL BETWEEN
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ANTECEDENT CAUSE(S) DUE TO				21.	steelin
DISEASES OR CONDITIONS, IF ANY, (B)				.1	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
(C)					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDIN	GS OF OPERATION				O. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (H	ioma, farm, factory,	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)
	et, office bldg., etc.)	are. White DID HOOK! OCCOR	1 (City of lowing	(County)	(Stele)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR	?		
	While Not while at work	1	11		
22 I housely contiful that I have ded the de-	-7/19	5510	7/19/1055		
22. I hereby certify that I attended the de	ceased from) 19, to	1, 19. 2.3		
alive on	and that death occurred at				
SIGNATURE OF THE COL		ADDI	RESS (Street, city, town,	Stata)	DATE SIGNED
22 BUDIAL CREMATION LOAD THE	M.D.	COLLATORY			117/2
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town,	or county)	(State)
Cremation 1/20/55	Peninsula 19	enegal Hoskital	Splis Luip	1. Misery	and
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	URE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	5
DATE 7-20-55 Mary 11	Hollowy .	Dominary	General 11	sebit-	
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CERTIFICATE OF DEATH

Reg.	Dist.	No. 332

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEASED	
COUNTY MA A A A A A A A A A A A A A A A A A A		Magail	mad Mila	!
COUNTY VI CO MICO CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		orete limits, write RURAL end give neer	
OR end give nearest town)	(in this place)	OR	orete limits, write KUKAL and give hear	
12 TOWN SALIS BURY		TOWN SALIS	bury	12
HOSPITAL OR		STREET	(If rural give location)	1
STREET ADDRESS Danie C \ C	1 -t-1	ADDRESS	1 -1	/
DE TENINGUEA DENE		4/5/	DRAM DUSTREET	,
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) W:N #2.	PA	PREMILE.	DEATH THE	19 1955
S. SEX 6. COLOR OR 7. SINGLE, M.	ARRIED, 8. DATE OF	F BIRTH	9. AGE lest birthday IF UNDER	
RACE WIDOWED, (Specify)	, DIVORCED,	10 000	Months	Days Hours Min.
14/1/2 FET WRITE T	120-4	19-1955	yrs.	1 20
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if	OR INDUSTRY	VI. BIRTHPLACE (State or fore	Ign country) 12.	CITIZEN OF WHAT
relired)		Macidan		COOMINI
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
0'-1 1 C1 -1 Til	Dagginia	7701 000	Annia Gana	
RICHARD SHELLON	PARSONS.	IMELEN	PIAKIE ORAY,	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detec of service)	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	,
(103, 110, 01 drik.) (11 103, give well of deles of service)		MPS Hola	Many Salisting	our Mel
E DISTANCE OF COMMISSIONS OF COMMISSION OF C	18. MEDICAL CERT	TIFICATION	The state of the s	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	PARA S	1	1	ONSET AND DEATH
7 /6 % IMMEDIATE CAUSE (A)	1/www	um by	- mou	6 verily
ANTECEDENT CAUSE(S) DUE TO				Wate lun
DISEASES OR CONDITIONS, IF ANY, (B)				1
STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,				
	NGS OF OPERATION			20. AUTOPSY?
				YES NO
	Home, ferm, fectory, 21	Ic. WHERE DID INJURY OCCU	R? (City or town) (Count	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY stree (IF EITHER, NOTIFY MEDICAL EXAMINER)	eet, office bldg., etc.)			
		If. HOW DID INJURY OCCU	R?	
	While et work I et work	/	1 1	
22. I hereby certify that I attended the de	714	1 10 55	7/19/10/5	
1101	/ /	19. § \$, to	. / /	
alive on	and that death occurred at.		causes and on the date stated	above.
SIGNATURE S		ADD	RESS (Streel, city, town, state)	DATE SIGNED
T.V.	M.D.			8/19/25
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR C	CREMATORY	LOCATION (City, town, or county)	(State)
Ecomotion 7/2/100	Paningula He	read Harbital	Shirt m.	a. In d
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT	TURE 1	25. FUNERAL DIRECTOR'S	SIGNATURE	MODRESS .
7-11-55 MICH. 11	1 Nall	D	101- 1219	1 4 1
DATE / LU SS IVIANUM	1. Holloway	1 eminsula	a seneral Hos	betal

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY WICOMICO COUNTY WICOMICO MARYLAND (If outside corporata limits, writa RURAL LENGTH OF STAY (Il outside corporate limits, write RURAL end give neerest town) OR and give neerest town) (in this place) OR TOWN TOWN MARDELA HOSPITAL OR STREET INSTITUTION OF **ADDRESS** Schook OF STREET ADDRESS 3. NAME OF (Middle) 4. DATE (Lost) (Month) (Dey) (Yaar) DECEASED (Type or Print) DEATH 19 5 COLOR OR SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE lest birthdey (II) UNDER 1 YEAR IJF UNDER 24 HRS RACE WIDOWED DIVORCED Months Deys (Specify) 20 10e, USUAL, OCCUPATION (Give kind of work COUNTRY? 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT OR INDUSTRY doge during most of working life, even if 10 45 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (Il Yes, give wer or detes of service) ALICE BENNETI NONE 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 3.3 / X IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2D. AUTOPSY? YES NO Z 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, Jerm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) (Year) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work at work // that I last saw the deceased 22. I hereby certify that I attended the deceased from...... alive on. SIGNATURE DATE SIGNED death ce BURIAL, CREMATION, DATE THEREOF LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) 25. FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

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SALISBURY, MARYLAND

Dr. Lewis	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WICOMICO MARYLAND	STATE Maryland COUNTY Wiconico
CITY (If outside corporete limits, write RURAL OR end give nearest town) Willards LENGTH OF STAY (In this place)	CITY (If outside corporate fimits, write-RUPAL and give nearest town) OR TOWN WILLARDS W WILLARDS
HOSPITAL OR INSTITUTION OR STREET ADDRESS No street Address	STREET ADDRESS No street Address
3. NAME OF (First) (Middla) (Type or Print) ROSCOE JAMES	PHILLIPS 4. DATE (Month) (Day) (Year) OF DEATH July 28th 1955
BACE WIDOWED, DIVORCED,	TE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR Hours Min. 16. 1902 52 Yrs. 10 18 Hours Min.
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY?
relired) Farmer Farming	R.D. # Pittsville , Margland USA
IS. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Phillips	Cleora Brumbley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or upk.) (If Yes, give war or detas of service)	Mrs. Alice B. Phillips (Wife) Willards Maryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	comma of liver Good
2017	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	0
STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	O Caremana 20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, lactory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while at work et work	21f. HOW DID INJURY OCCUR?
alive on 7-2 8 195.5 and that death occurred	3.30A. M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNES
Harris In a second	
Frank 18 min M.D.	Marie Control of the Address of Spinish and Spinish an
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY REMOVAL (SPECIFY)	

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Britani July 21, 1955 Louis Campions Hear Williams, Marghard

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72 hours after death. After this director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7217

CERTIFICATE OF DEATH

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COUNTY Wicomico CITY (if outside corporate limits, write RURAL OR and give neerest town) A TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING Hill Private Sanitarium	STATE Maryland COUNTY Wicomico CITY (If outside corporate limits, write RURAL end give nearest town) OR
CITY (If outside corporate limits, write RURAL OR and give neerest town) Selisbury HOSPITAL OR INSTITUTION OR	CITY (If outside corporata limits, write RURAL end give nearest town)
OR and give neerest town) NOSPITAL OR INSTITUTION OR OR (in this place)	
INSTITUTION OR COMPANY WAS STATED TO STATE OF THE STATED TO STATED THE STATED TO STATED THE STATED	TOWN Salisbury
	STREET (If rurel give location)
	ADDRESS 206 East Isabella St
3. NAME OF (First) (Middla) DECEASED	(Lest) 4. DATE (Month) (Day) (Yaar
(Type or Print) ALLIE ELIZABETH	RUSSELL DEATH July 15 th 19
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 2
Female White Specify Widowed Nov. 9.	
10a. USUAL OCCUPATION (Giva kind of work done during most of working lila, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA COUNTRY?
retired) Rouse Work None	Queens Ann County Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John L. Shuster	Tabitha Brown
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33/X IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	Mrs. Helen T. Chandler (Daughter) 41 Poplar Hill Ave. Salisbury, Marylan Interval Betw. ONSET AND DE. Suclas
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, 21c	ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	IF, HOW DID INJURY OCCUR?

ALTERIAR STATE DEPARTMENT OF MALES - EXCEPTION OF THE

CERTIFICATE OF DEATH

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the registrar within 72 hours after death. After in by the funeral director, the third copy of director, the third TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 7208

				Re	eg. Dist	. No	
1. PLACE OF DEATH			2. USUAL RESID	ENCE (HOME) OF DI	ECEASE	D	
county Wicomico	MARYLA	ND	STATE Mary	land county	Doro	chest	er
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF	ca)	OR TT.	porate limits, write RURAL er	nd give nac	rest town)	
12 TOWN Salisbury	2/ da	ys	101/11	LTOCK		05	1X-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State	Hospita	1	STREET ADDRESS	(If rure) giv	a location)		
3. NAME OF (First) DECEASED	(Middle)	{L	est)	4. DATE (Mon		(Day)	(Year)
(Type or Print) Sylvia		Smi	th	DEATH JU	ly	22	1955
5. SEX 6. COLOR OR 7. SINGLE, MARR		8. DATE OF B	RTH	9. AGE last birthday	IF UNDER	1 YEAR	IF UNDER 24 I
Female Colored WIDOWED, DIV (Specify) Si	ngle	1/22/		33 уп.	Months	Days	Hours M
dona during most of working life, evan if OF	ND OF BUSINESS	11.	BIRTHPLACE (State or fo		12	COUNT	OF WHAT
	nknown		Washington			US	A
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			
James C. Smith			Beatrice	Dyce			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	S. SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRESS			
(Yas, no, or unk.) (If Yes, give wer or detes of service)	Unk.		Hos	pital records	3		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MED	ICAL CERTII	ICATION				WAL BETWEEN
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/ // IMMEDIATE CAUSE (A)	HELALIZE	d Carci.	IIOMa COSTS				•
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	uamous c	cell Ca.	of cervix	uteri		1	vear
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	condary	anemia				3	
198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION					20. YES	AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	a, farm, fectory, office bldg., etc.)	21c.	WHERE DID INJURY OCC	CUR? (City or town)	(Cour	nty)	(Steta)
		while	HOW DID INJURY OC	CUR?			
22. I hereby certify that I attended the dece			, 19.55 to J	uly 22 1955	that I	last saw	the deceas
alive on July 22 1955 and	that death o	ccurred at 9	:25P M. from the	causes and on the	late state	d shove	
SIGNATURE		L. V. Mal	dve.M.D. AD	DRESS (Street, city, town	n, state)	ic accord	ATE SIGN
V. WALLEY	2	M.D.	leer's Head	State Hospit	cal	7	123/55
23. BURIAL, CREMATION, DATE THEREOF	MAME OF CE	EMETERY OR CRE	MATORY	LOCATION (City, town	, or county	1)	(State
					100 miles		
Bureal //26/33	Vincet	In Mo	ye Caneta	Maske	neg 9	52	, WC
24. REC'D BY/REGISTRAR REGISTRAR'S SIGNATURE	Vined	en Mo	5. JUNERAL DIRECTOR	SIGNATURE	neg99	ADDRESS	, WC
Bureal //26/33	Hollow	exx	25. JUNERAL DIRECTOR	S. SIGNATURE CLOSUCK	ne 99	ADDRESS / /	SI.M.

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CERTIFICATE OF DEATH

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(1792() Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Wicomico MARYLAND	STATE Maryland COUNTY Wicom	ica
CITY (If outside corporate limits, write RURAL OR and give nearest town) Salisbury LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give OR TOWN Salisbury	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 4	STREET (If rural, give location) R.D. # 4	1
3. NAME OF (First) (Middie) DECEASED: (Type or Print) LINDA MAE ST	(Last) 4. DATE (Month) (Day) OF DEATH DEATH 18 to	(Year) h 19 55
PACE. WIDOWED DIVORCED	28, 1955 9. AGE last birthday: IF UNDER 1 YEAR yrs. Manths 26'8	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 10b. KIND OF BUSINESS OF INDUSTRY: None	Pen. Gen. Hosp. Salisbury Md	TIZEN OF WHAT
13. FATHER'S NAME: Kerman Stevens	14. MOTHER'S MAIDEN NAME: Thelma Penneuell	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: (Irs. Thelma Stevens (Mother) R.D. #	4 Salisbur
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last	Vmitu.	Blows
(c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes 🗆 No 🕤
DISEASE OR CONDITION CAUSING DEATH.	(County)	
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory PRIMARY or CONTRIBUTING OF street, office bidg., etc.	(County)	Yes No S
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21c. (City or town) (County) 21f. HOW DID INJURY OCCUR? bed above, held an Autopsy , Inspection , I	Yes No (State)
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes 7, Accidental Control of the control	bed above, held an Autopsy , Inspection , I dent , Suicide , Homicide , Undetermine , Deputy Medical Examiner , Deputy Medical Examiner , M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, town, or count	Yes No (State) No (State)

WITH UNFADING INK. Supply every item of information carefully. The correct nortant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY,

VS. A15A - 5 - 53

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

279	CERTIFICATE	OF	DEATH
w C	OMMENTAL TOTAL		L'IIII III

Reg. Dist. No. 332

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	· ·
1. TEACE OF BEATH.	m l l	
COUNTY WICOMICO MARYLAND	STATE // REMAIN COUNTY WORK	resler
OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a	ind give nearest town)
12TOWN Salisbury 2 Nacro	TOWN	1000
HOSPITAL OR	STREET (If rural give location)	
82 STREET ADDRESS Veninsula General Hospital	ADDRESS	23x-20 1
S. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) OF DEATH:	Day) (Year) 30 1955
SEX: 6. COLOR OR MI SINGLE, MARRIED, 8. DATE	A	
(Specify):	19.1885 70 yrs. Months D	Pays Hours Min.
TOA. USUAL OCCUPATION Trive kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	
work done during most of working life, OR INDUSTRY:	Creat the med	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	14,014
May H	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	/
William Merril	Truscula nur	my
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	1. 10
(Yes, po or unk.) (If Yes, give war or dates of service)	m with andrews	Sullet
18. MEDICAL CERTIFICAT	CION	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
4511	- 0	
IMMEDIATE CAUSE (A) Me Section	of centurysm	/.
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. (B)		
GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST.		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count injury occur?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While While at work at work		
M. I was	<u> </u>	
22. I hereby certify that I attended the deceased from 7/28	19.55, to7/30, 19.53, that I last	saw the decease
alive on 7/29, 19 , and that death occurred at	AM, from the causes and on the date	stated above.
SIGNATURE		TE SIGNED
Attleauch they	1. D. Salishuy had	8/2/17
23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or	county) (State
REMOVAL (SPECIFY) 8-1-53- 19-67-1	- Constant Gradet	" ned.
DATE DECID BY LOCAL DESIGNATION CHARTER	24 FUNERAL DIRECTOR	AODRESS, 12
DATE RECED BY LOCAL REGISTRAR'S SIGNATURE	25// ONE TO STATE OF THE STATE	-11/1/2

BUREAU V.
Aug. 4 1955

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TO ATTENDING PHYS. JAN OR HOSPITAL: The law requires that the death certificate be

VS A15C 1.55 10M

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Item 5, FilmG185 8-15-55 et		Re	g. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DE	CEASED
COUNTY WICOMICO	MARYLAND	STATE MARY LANCCOUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside consorata limits, write RURAL an	d give nearast town)
12 TOWN SplishuRJ		4 4	V 12
HOSPITAL OR INSTITUTION OR		STREET (If rurel give	location)
STREET ADDRESS Poninsila Geur	eppl HOSP, TAI	ADDRESS ATLANTIC	Allenie
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Mon	th) (Day) (Year)
(Type or Print)		OF DEATH	11 30 1955
5. SEX 6. COLOR OR 7. SINGLE, MA	ARRIED, 18. DATE	OF BIRTH 9. AGE last birthdey 1	WUNDER 1 YEAR IF UNDER 24 HE
M A RACE WIDOWED, (Specify)		1. 15 1955	Months Days Hours Min
- 41 1 00 1	KIND OF BUSINESS	1). BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
	OR INDUSTRY	P.G. Hospt. Salisbury, M	COLINITARYS
			0.0000
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George H. Tatum		Norma Blech	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yasang, or unk.) (If Yes, give war or datas of servica)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yas, give war or datas of servica)		Mr. George H. Tatum (Father)
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Jenst 1	cliene hemorrhages	
19e. DATE OF OPERATION 19b. MAJOR FINDING	GS OF OPERATION	20	20.4 AUTOPSY?
	do or orexamon		YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (H OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	loma, ferm, factory, et, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County) (Stata)
	21a. INJURY OCCURRED Whila Not while at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the de	ceased from 7-3	7-19.55, to 7-30, 1950	S that I last saw the decease
7	and that death occurred a		
Robert W. Sunden	Se M.D. G	ADDRESS (Street, city, Jown	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	MAME OF CEMETERY OR	CREMATORY LOCATION (City, lown	, or county (Stata)
Burial Aug. 3.55	Wicomico Men	25. TUNERAL DIRECTOR'S SIGNATURE	W3
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	al an	25. POINTERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Aug 3, 1955 Mary at	Halloway	Holloway & Co. Salisbuy	Per Ma
10705342393	10		

P.S. Bont, Salisbury, Mc. V.S.A.

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dr. George E. Catro (Pither)

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INSTRUCTIONS
The law requires that the death

ATTENDING PHYSICIAN OR HOSPITAL

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CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY WICOMICO		2. USUAL RESIDE	nd COUNTY Wi	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salsabury MARYL LENGTH OF	F STAY (lace)	CITY (If outside corp	orete limits, write RURAL end giv	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospita	al	STREET ADDRESS 215	(Il rural giva loce E. Isabella St	
3. NAME OF (First) (Middla) DECEASED (Type or Print) ELLA DUKES		(Lost) ORNTON	4. DATE (Month) OF DEATH 7	(Day) (Yeer) 17 ₁₅ 55
S. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (SpecifyMarried)	Mar.	22, 1883	9. AGE last birthday IF to Mor	UNDER 1 YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if relired House Wife 10b. KIND OF BUSINES. OR INDUSTRY Own Home	S	11. BIRTHPLACE (State or fore	oign country)	12. CITIZEN OF WHAT COUNTRY?
Jeseph G. Davis		14. MOTHER'S MAIDEN Gertrude	Elizabeth Dav	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no or unk.) (If Yes, give war or dates of service) NONE	URITY NO.	17. INFORMANT & William	ADDRESS T. Thornton, Si	r same
170 × IMMEDIATE CAUSE (A)	al ce	Carculoma	tosis	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	in.	I trust,	left.	6 worth
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING — CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Homa, farm, factor) OF INJURY streat, office bidg., atc.	.)	21c. WHERE DID INJURY OCCU	JR? (City or town)	(County) (Stata)
	IRRED	21f. HOW DID INJURY OCCU	JR?	
alive on 19.5. and that death signature		t	causes and on the date RESS (Straet, city, town, stee	stated above. DATE SIGNER
DELLOMAL (CDECIEV)		CREMATORY	Pittsville,	Maryland (State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	,	25. FUNERAL DIRECTOR'S	SIGNATURE Tohnson Co. Se	ADDRESS Md

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CEPTIEICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED		
COUNTY Wicomico	MARYLAND	STATEMARYLAND	COUNTY	Wic	omico	
CITY (If outside corporete fimits, write RURAL	LENGTH OF STAY	CITY (if outside corpo	rate limits, write RURAL ar	d give nearest	town)	
OR and give nearest fown) Salisbury	(in this place)	TOWN Salis	bury		12	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pan. Gen. Hospit	al	STREET ADDRESS Delmo	(If rurel giv	e focetion)	1	
DECEASED TO	Aiddle)	(Last) TINGLE	4. DATE (Mon		Osy) (Ye	
					23 rd 19	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO	RCED	The second secon	9. AGE last birthday	#F UNDER 1 Y		
Female White (Specify) Mar	ried Aug.	11, 1893	61 yrs.	Months C	Hours	min.
	OF BUSINESS	11. BIRTHPLACE (State or forel	gn country)		CITIZEN OF WH	AT
retired) House Work at	NDUSTRY HOME	Parsonsburg, N			COUNTRY?	
B. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Elijah Driscoll		Ada Evans				
Yes, no, or unk.) (If Yes, give war or dates of service) 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE		d D, Tingle disbury, Ma	Musbaryland	INTERVAL BET	WEEN
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	opaga attrio	tenda The	in Bus	acre	(e)	
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
98. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION			1000	20. AUTOP	
			2 (City on town)	(County)		e)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of		21c. WHERE DID INJURY OCCUR	tr (City or lown)	(000,)		
OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, off IF EITHER, NOTIFY MEDICAL EXAMINER) Tid. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. I While	NJURY OCCURRED Not while	216. WHERE DID INJURY OCCUR				
OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, off IF EITHER, NOTIFY MEDICAL EXAMINER) I'd. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While M. While at wor	NJURY OCCURRED Not while	21f. HOW DID INJURY OCCUP	N 45			
DR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, off IF EITHER, NOTIFY MEDICAL EXAMINER) 1d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. I While at wor 22. I hereby certify that I attended the decease	NJURY OCCURRED Not while at work at work	21f. HOW DID INJURY OCCUR	Ly 23, 19 5	, that I la		cease
R CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, off IF EITHER, NOTIFY MEDICAL EXAMINER) Id. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. I While M.	NJURY OCCURRED Not while at work ed from.	21f. HOW DID INJURY OCCUR	Ly 23, 19 S auses and on the d	ate stated	above.	IGNE
DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off IF ETHER, NOTIFY MEDICAL EXAMINER) 1d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. I While at wor 22. I hereby certify that I attended the decease alive on	NJURY OCCURRED Not while at work ed from. that death occurred a	21f. HOW DID INJURY OCCUR. 1. 19.55 to	Ly 23, 19 S auses and on the d	, that I la ate stated a, state)	DATE S.	IGNE
PR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off INJURY (Month) (Day) (Yeer) (Hour) 21e. I While at wor alive on	NJURY OCCURRED Not while at work ed from. that death occurred a	21f. HOW DID INJURY OCCUR. 19.55., to	auses and on the description of	, that I la late stated on, state)	July 2	GNE
PR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off III EITHER, NOTIFY MEDICAL EXAMINER) Ind. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. I While at wor 22. I hereby certify that I attended the decease alive on	NJURY OCCURRED Not while at work ed from. that death occurred a	21f. HOW DID INJURY OCCUR 1	auses and on the decess (Streat, city, town LOCATION (City, town Salisbury MG	, that I la ate stated h, store)	July 2	GNE 1 Steta)

MARY END STATE PERMENT OF HEATTH CORP. IN

CIRCIPICATE OF DEATH

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OF THE STATE OF	meson franc	Arrakan T	SHEWSON	Megateo	
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			July 19	180 - 380	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH Wicomico STATE Maryland COUNTY MARYLAND LENGTH OF STAY (It outside corporete limits, write RURAL end give neerest town) Ill outside corporete limits, write RURAL end give neerest town) (in this place) Catonsville TOWN TOWN Salisbury vears HOSPITAL OR STREET (II rural giva location) INSTITUTION OR Deer's Head State Hospital Ingleside Avenue STREET ADDRESS (Middle) (Lest) 4. DATE (Month) (Yeer) NAME OF TRIPLETT LAWRENCE ALLEN DEATH July (Type or Print) COLOR OR 8. DATE OF BIRTH 9. AGE lest birthday 5. SEX SINGLE, MARRIED. IF UNDER 1 YEAR HE UNDER 24 HRS WIDOWED, DIVORCED, (Specify) Divorced RACE Months 2/19/1909 Male White 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or loreion country) CITIZEN OF WHAT done during most of working life, even it retired) COUNTRY? USA Soldiers Delight 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME B. Nettie Dell Horace E. Triplett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes, give war or dates of service) Hospital records INTERVAL BETWEEN 18. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Gastro-intestinal hemorrhage IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) Esophageal varicosities DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Post encephalitic Parkinson's disease TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20. AUTOPSY 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION YES NO I 21c. WHERE DID INJURY OCCUR? (City or town) 210. ACCIDENT WAS UNDERLYING (County) (State) 21b. PLACE (Home, Jarm, fectory, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. INJURY OCCURRED 211. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) While Not while 22. I hereby certify that I attended the deceased from July 29, 19.52, to July 16, 19.55, that I last saw the deceased alive on July 16 , 19.55 , and that death occurred at 9:55AM, from the causes and on the date stated above. R.J.Gore, M.D.; Deer's Head State Hospital BURIAL, EREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) 25. FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

ST 100 MITEMETICATE TO THE MYTEMPO TTATE DIES IVENIA

CERTIFICATE OF DEATH

no. F. J. W. C. William C. M. E. acc

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CERTIFICATE OF DEATH

33 Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (HOME) OF DECEA	SED
COUNTY Wicomico	MARYLAND	STATE Marylar	nd COUNTY Wi	comico
CITY (Il outside corporete limits, write RURAL	LENGTH OF STAY		ite limits, write RURAL and give	naerest town)
OR and give nearest town) TOWN Delmar	10 yrs	TOWN Delma		×
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 3		STREET ADDRESS RF1	# 3 (If rure) give loce)	ion)
3. NAME OF (First) DECEASED (Type or Print) Anna. E	(Middle)	(Last) Truitt	4. DATE (Month) OF DEATH Jul	(Day) (Year) 55
				19
	TO DIVODEED	;.2,1870	. AGE last birthday IF Ut	hs Days Hours Min
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	Ob. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign Wicomic Count		12. CITIZEN OF WHAT
13. FATHER'S NAME		1 14. MOTHER'S MAIDEN N		
Jehu White		Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & AL	DDRESS	
(Yes, give wer or dates of service)	None	William 1	Cruitt, Delm	ar. Del.
		ERTIFICATION		I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH			ONSET AND DEATH
57/. / IMMEDIATE CAUSE (A)	Gastro e	useritis .	rouge	2 deys
ANTECEDENT CAUSE(S) DUE TO	1			
DISEASES OR CONDITIONS, IF ANY, (B)				
STATING UNDERLYING CAUSE LAST. DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	arterioralen	sin les evals	red were	No 1 10 MM
TO THE DEATH BUT NOT RELATED TO THE	auter ogcleros	beart, 6	disease	the week
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FIT	NDINGS OF OPERATION	gillion to		20. AUTOPSY?
The state of the s	DITOS OF OTERATION			YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING 2005E OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E (Home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour	While Not while	21f. HOW DID INJURY OCCUR	?	
		Us And	7.30	
22. I hereby certify that I attended the		24 . //		at I last saw the deceas
	, and that death occurred	at 2 MM, from the ca		
SIGNATURE	luca	303 Cast 5	ESS (Straet, city, town, stell	DATE SIGN
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, town, or co	ounty) (State)
Burial 7-31-55	Hebron (emetery,	Hebron, Ma	aryland
24. REC'D BY REGISTRAR REGISTRAR'S SIG		25. FUNERAL DIRECTOR'S S		ADDRESS
DAT Due 1. 1955 Mary	N Hall	01-0 m	· Voi n	1 . 10
DATE OF , 1700 10004 0	1. Houseul	TUIN IFICAN	22 11 7 11 11 1	m -1 /01

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.332

1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF D	ECEASED	
COUNTY Wicomico	MARYLAND	STATEMATTA	- A COUNTY T	Vicamico	
CITY (If outside corporate limits, write RURAL LE) OR and give nearest town!	NGTH OF STAY (in this place)	CITY (If outside con	porata limits, write RURAL a	nd give nearest town	
12 TOWN Salisbury	# Yrs	TOWN Pitt	sville		X
HOSPITAL OR	8 1 - 1 - 0	STREET	(If rural giv	a location)	1
INSTITUTION OR STREET ADDRESS		ADDRESS			3 9 9 11 1
Ocean City Re					
3. NAME OF (First) (Middle DECEASED	ej	(Last)	4. DATE (Mor	ith) (Dey)	(Year)
(Type or Print) MARY FLOREN	מייזי	TRITTT	DEATH ,	7	19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE		9. AGE last birthday	IF UNDER 1 YEAR	HE UNDER 24 HRS
RACE WIDOWED, DIVORCEI	D,			Months Days	Hours Min.
Female White Widow 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF	red Dec.1	4.1871	83 yrs.		
done during most of working life, even If OP INDIT	BUSINESS	1. 1871 11. BIRTHPLACE (Stelle or fo	reign country)	12. CITIZE	N OF WHAT
retired) House Wife Own	Home	Maryland		U.S	3.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE	NAME		
Nothed Windle		Wasse			
Mathai Tingle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC	JAL SECURITY NO.	Mary 17. INFORMANT, 8	ADDRESS		
(Yes, no, or unk.) (If Yes, give wer or dates of service)					
No	None	Mrs. J.	Morris Jones	s. Same	UM TO THE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	8. MEDICAL CE	RTIFICATION		INTE	RVAL BETWEEN
1 Districts on conditions directer teading to be in				ON:	SET AND DEATH
144 IMMEDIATE CAUSE (A)	a some	associan		A .	geura
ANTECEDENT CAUSE(S) DUE TO 1 1	1			-	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	rescent	n		5	421
STATING UNDERLYING CAUSE LAST, DUE TO	- 0	,		6	
STATING CHOSE EAST. (C)	sa Rester	wild		-	ina.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				9	The state of the s
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				/	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF O	DEPATION			/	D. AUTOPSY?
THE SALE OF CLEANION	TEXALION .			YES	
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm	n factory	21c. WHERE DID INJURY OCC	119? (City or town)	(County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office b	oldg., etc.)	THE WHERE DID HOOK! OCC	lok! (City of lowing	(County)	(21916)
(IF EITHER, NOTIFY MEDICAL-EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJUR	RY OCCURRED	Off HOW DID BUILDING CO.	ni 10 A		- California
While -	Not while	21f. HOW DID INJURY OC	LUKY		
M. at work L	at work				
22. I hereby certify that I attended the deceased	from 1450	19, to 7-	19.53	that I last say	us the deceased
alive on, 19-00, and that	death occurred a				
1100		10.00.	DRESS (Streat Stity, tow	n, stata)	DATE SIGNED
mank I dever	M.D.	MILLER	18100	7-2	, 66.
23. BURIAL, CREMATION, DATE THEREOF NA	AME OF CEMETERY OF	REMATORY	LOCATION (City, tow	n, or county)	(State)
	ne Chruch	Cometemr	Wicomico (70	Md.,
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	TIE OILL GELL	25. FUNERAL DIRECTOR			
10EL 0. 016	W.00			ADDRESS	
DATE UL J 1900 Mary N.	Holaway	The Hill & J	ohnson Co. S	alisbury,	Md.
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ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Wicomico MARYLAND	STATE Md. COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ocean City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	STREET (If rural, give location) ADDRESS North 14th St.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Wen	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 7 10 19 55
M Chinese WIDOWED, DIVORCED, (Specify): M	E OF BIRTII: 9. AGE last birthday: If under 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.:	Bob Ching, Ocean City, Ind
Antecedent cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE FOREVER OF CONDITION CAUSING DEATH	ellerin boully
19a. DATE OF OPERATION: 19h MAJOR FINDING OF OPERATION: 7-9-5 (9 Pm)	20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING of street office bldg etc CAUSE OF DEATH.	of the same of the
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 7 9 55 3P M. work at work	
	ibed above, held an Autopsy X, Inspection X, Inquiry X, and ident , Suicide , Homicide , Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL HEAM. 7-1, 55
22. RIIRIAL CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 7-/3-55 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC'D - 14-5-5- Manual Man	Concley Berlin, Md 24. FUNERAL DIRECTOR 24. FUNERAL DIRECTOR 25. ADDRESS ADDRESS
11130 yeary MITTO CESTION	mile a month for the

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

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VS. A15A - 5 - 53

DIAMEDAR

102 1955 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAT	EXAMINER'S CERTIFICATE	OF	DEATH	**
			IJRAIH	No

MEDICAL EXAMINER'S CH	ERTIFICATE OF DEATH No.332	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Wicomico MARYLAND	STATE Maryland COUNTY Wicomico	
CITY (If outside corporate limits, write RURAL LENGTH OF S OR and give nearest town) (in this place	STAY CITY (If outside corporate limits write RURAL and give nearest to	own)
ZTOWN Salisbury Life	TOWN Salisbury	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peningula General Hospital	STREET (If rural, give location) / ADDRESS	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8.	DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 2	4 HRS.
F C (Specify): S	4.8454 15 Months yrs. Months Days Hours 1	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Infant 10b. KIND OF BUSINES INDUSTRY: None	COUNTRY?	VIIAT
13. FATHER'S NAME:	Maryland U.S.A.	-
James Wallace	Lizzie Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16 SOCIAL SECURITY NO		
(Yes, no, or unk.) (If Yes, give war or datea of None	Lizzie Waliace-mother.	
1010	EDICAL CERTIFICATION	
Immediate cause (a) BRONCHO-PNI DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last	EUMONIA ONSET AND D	BATH
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION	ON: 20. AUTOPS' Yes □ No	
21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] OF street, office bldg. CAUSE OF DEATH.	actory, 21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF While at Not who who who will NJURY OF While at work □ at wor	ED hile 21f. HOW DID INJURY OCCUR?	
	escribed above, held an Autopsy , Inspection , Inquiry , Accident , Suicide , Homicide , Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. 7-17-55	e □.
REMOVAL (Specify): 7 17 55	TETERY OR CREMATORY LOCATION (City, town, or county)	ite)
DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE REG7-18-66 (Mary 1) Holloway	24. FUNERAL DIRECTOR ADDRESS J Sturing June Home	38
The state of the s	32118 18 18	7

PLEASE WRITE PLAINLY, WITH UNFADING INKS Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. &

1955 JUL 20 1955

BECEINED

TO ATTENDING PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07232

7219

CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESI	DENCE (HOME) OF D	ECEASEI)		
COUNTY Wicomico	MARYL		STATE Mary	land county		omic	0	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH O		CITY (If outside of	orporate limits, write RURAL	end give neer	rest town)		
2 TOWN Salisbury		vks	TOWN	lisbury			13	2.
HOSPITAL OR		<u> </u>	STREET		ve location)		3	-
SINSTITUTION OR STREET ADDRESS Doninguile Con	7 TT		ADDRESS 51	3 Race Stre	0+			
3. NAME OF (First)	(Middle)	spital	(Lest)	4. DATE (Mo		(Day)	/٧	-1
DECEASED (Type or Print) Maggie	(Middle)	787	ashburn	OF DEATH	T117 37	(Dey)	(Yee	55
5. SEX 6. COLOR OR 7. SINGLE, M	ARRIED,	8. DATE O		9. AGE fast birthdey	IF UNDER	1 YEAR	IF UNDER	ساليهاليك
RACE WIDOWED	, divorced, arried	June	5.1903	52 уп.	Months	Deys	Hours	Min.
done during most of working life, even if	KIND OF BUSINES		11. BIRTHPLACE (State or	loraign country)	12.	COUNT	OF WHA	AT
retired) none a	t home		Delawar	е		U.S	A.	
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME				
James H. Parson	q		Aman	da Bailev				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SEC	URITY NO.	I 17. INFORMANT		E 2 E			- 1
(Yes, no, or unk.) (Il Yes, give wer or detes of service)							e St	
no	none		Mrs. Ma	ry A. Myers	Sali		TV. M	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Di	rele	nie I	ene j				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
19a. DATE OF OPERATION 19b. MAJOR FINDIN	IGS OF OPERATION	٧				20. YES	AUTOPS	
	Home, ferm, lectory eat, office bldg., etc.		Ic. WHERE DID INJURY O	CCUR? (City or town)	(Count	ly)	(Stete)	
		JRRED :	21f. HOW DID INJURY O	CCUR?				
22. I hereby certify that I attended the dialive on	NAME OF	M.D	TREMATORY AND THE CREMATORY	e causes and on the DRESS (Street, city, tow	date stated vn, stete) vn, or county)	d above	13 7 (S	
Burial 6 July 19		ons Ce	emetery 25. FUNERAL DIRECTO	8alisbu		ADDRESS	and	5
TATE Cula 4 1955 Annel	Mella	1. QUI Y	1) 10000	-thallen	Xta	and la	elan	1

MARYLAND STATE DEPARTMENT OF HEALIN-BARTMEDEL, TE

CERTIFICATE OF DEATH

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BUREAU V. S.

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07233

7220

CEPTIEICATE OF DEATH

1. PLACE OF DEATH		2. USUAL	RESIDENCE (HOM	E) OF DECE	ASED	
COUNTY Wicomico	MARYLAND	STATE	Maryland	COUNTY	Wicomi	CO
CITY (If outside corporeta limits, writa RURAL	LENGTH OF STA		outside corporete limits, wri			
OR end give neerest town) Salisbu	(in this piece)	OR TOWN	Salisbury			X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen.]	Hospital	STREET ADDRESS	R.D. # 2	Pacif:	ic Ave.	1
3. NAME OF (First) DECEASED (Type or Print) VIII.MA	(Middle)	(Lost) WHITE	OF	TE (Month)	(Dey) Y 24	(Yeer) th 19 55
5. SEX 6. COLOR OR 7. SINGL		DATE OF BIRTH	9. AGE lest	birthdey IF	UNDER 1 YEAR	IF UNDER 24 HRS
Female White (Speci	WED, DIVORCED,	ov. 17, 1902	52	yrs. Mo	nths Days	Hours Min.
IOe. USUAL OCCUPATION (Giva kind of work done during most of working life, avan if retired) House Work	OR INDUSTRY		State or loreign country) 1ry, Maryland		12. CITIZE	TRY?
13. FATHER'S NAME		14. MOTHER	S MAIDEN NAME			
Milbourne Smith		Emma	Jane Foskey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or datas of service)		Mr. 0	rmant & ADDRESS Heorge F. Whi beth St. S	ite (Hi	usband)	409 and
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICA	L CERTIFICATION				ERVAL BETWEEN
COLLAR CONDITIONS DIRECTLY LEADING TO	DEATH				ON	SET AND DEATH
19/X IMMEDIATE CAUSE (A) _	Metastatic c	arminoma			ON	
/9/X IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Metastatic c	ar s inoma of vulva with	n metaskasis		ON	SET AND DEATH
191X IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Metastatic c		n metas s asis		abo	SET AND DEATH
ANTECEDENT CAUSE(S) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION, 181 19b. MAJOR F	Metastatic c Epithelioma Indings of Operation	of vulva with			abo	ser and death out 10/54 7/21/55
ANTECEDENT CAUSE(S) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19- DATE OF OPERATION 1/54 POICE	Metastatic c Epithelioma Epithelioma Onlines of OPERATION Cmoid carcinom	of vulva with	ases		to	SET AND DEATH OUT 10/54 7/21/55 O. AUTOPSY? O. NO X
ANTECEDENT CAUSE (A)	Metastatic c Epithelioma Indings of Operation	of vulva with		wn)	abo	ser and death out 10/54 7/21/55
ANTECEDENT CAUSE (A)	Metastatic c Epithelioma Epithelioma Endings of operation CE (Home, ferm, fectory, Y straet, office bidg., etc.) While Not while Not while	a with metast	ASOS JURY OCCUR? (City or to	wn)	to	SET AND DEATH OUT 10/54 7/21/55 O. AUTOPSY? O. NO X
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a, PAIE 9E OPERATION 19b, MAJOR F 10c ACCIDENT WAS UNDERLYING 10c OF CONTRIBUTING 10c CAUSE OF DEATH 10c CONTRIBUTING 10c CONTRIBUTING 10c CAUSE OF DEATH 10c CA	Metastatic c Epithelioma Epith	a with metast 21c. WHERE DID IN	ASES JURY OCCUR? (City or to	10	ON abo	SET AND DEATH OUT 10/51 7/211/55 O. AUTOPSY? S. NO X. (State)
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a, PAIE 9E OPERATION 19b, MAJOR F 10c ACCIDENT WAS UNDERLYING 10c OF CONTRIBUTING 10c CAUSE OF DEATH 10c CONTRIBUTING 10c CONTRIBUTING 10c CAUSE OF DEATH 10c CA	Metastatic c Epithelioma INDINGS OF OPERATION CE (Home, form, fectory, Y straet, office bldg., etc.) Let While Not while st work are deceased from 10 The death occurrence of the control of the co	a with metast 21c. WHERE DID IN 21f. HOW DID IN. 719/51 19	ASES JURY OCCUR? (City or to	, 19, 1 on the date	(County) 22 YES (County)	SET AND DEATH OUT 10/51 7/211/55 0. AUTOPSY? (State) w the deceased
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190 DAIL OF OPERATION 191 DAIL OF OPERATION 210. ACCIDENT WAS UNDERLYING 1 21b. PLA OR CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hou	Metastatic c Epithelioma INDINGS OF OPERATION COMMON CATCINOM CCE (Home, ferm, fectory, Y straet, office bidg., etc.) Ur) 210. INJURY OCCURRED While Not while A st work et work the deceased from 10, and that death occurred.	a with metast 21c. WHERE DID IN 21f. HOW DID IN. 719/51 19	JURY OCCUR? (City or to JURY OCCUR? to 7/21/55 rom the causes and ADDRESS (Stree Ave. Salish	, 19, 1 on the date	(County) 22 YES (County)	SET AND DEATH OUT 10/51 7/211/55 0. AUTOPSY? (State) w the deceased
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 192 PATE OF OPERATION OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hother) 22. I hereby certify that I attended the alive on the property of the property o	Metastatic c Epithelioma Modification CE (Home, ferm, fectory, y straet, office bidg., etc.) While Not while at work the deceased from	a with metast 21c. WHERE DID IN. 21f. HOW DID IN. 19/51 19 19 19 10 10 10 10 11 10 11 12 13 14 15 15 16 17 17 18 18 19 10 10 11 11 12 13 14 15 15 16 17 17 18 18 19 10 10 10 11 11 12 13 14 15 16 17 17 18 18 19 10	JURY OCCUR? To. 7/21/55 Tom the causes and ADDRESS (Strae ADDRESS (Strae ADDRESS STRAE ADDRESS SALIST	on the date of, city, town, ste	ON about to that I last sa stated above to the county)	SET AND DEATH OUT 10/51 7/21/55 O. AUTOPSY? (State) w the deceased re. DATE SIGNED (State)
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19- PATE OF OPERATION OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hother) AND 22. I hereby certify that 1 attended the alive on the contribution of t	Metastatic c Epithelioma Modification CE (Home, ferm, fectory, y straet, office bidg., etc.) While Not while at work the deceased from	a with metast 21c. WHERE DID IN. 21f. HOW DID IN. 19/51 19 19 19 10 10 10 10 11 10 11 12 13 14 15 15 16 17 17 18 18 19 10 10 11 11 12 13 14 15 15 16 17 17 18 18 19 10 10 10 11 11 12 13 14 15 16 17 17 18 18 19 10	JURY OCCUR? To 7/21/55 Tom the causes and ADDRESS (Stree AVe. Salish	on the date of city, town, steel (City, town, or isbury)	ON about to that I last sa stated above to the county)	set and death out 10/51 7/211/55 O. AUTOPSY? (State) w the deceased (e. Date signer (State)

CERTIFICATE OF DEATH

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INSTRUCTIONS

TO ATTENDING PH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07234

CERTIFICATE OF DEATH

Reg. Dist. No. 336

COUNTY Wicomico	MARYLAND	STATE Mary.	land county W:	icomico
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this plece) 83 yrs		orate limits, write RURAL end giv	re neerest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 1		STREET ADDRESS RF	(If rural giva local) # 1	otion)
3. NAME OF (First) DECEASED (Type or Print) Artimishs.	(Middle) S. W1]	(Last)	4. DATE (Month) OF DEATH Jul;	y 3 (Year)
Female Wiffte 7. SINGLE WARD	racked Sept	of BIRTH 5. 5,1871	9. AGE lest birthday IF U	INDER 1 YEAR IF UNDER 24 HRS.
done during most of working life, even if retired) At Home Hon	ND OF BUSINESS R INDUSTRY	11. BIRTHPLACE (State or for Wicomico Con	inty,Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Benjamin S. Figgs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1		Mary Jan		
(Yes, no, or unk.) (If Yes, give wer or dates of service)	6. SOCIAL SECURITY NO.	Blanch	Cordrey, Deli	mar. Md.
IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	mic n	efelistis!	Pychlir	4 grs
198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Hon OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, (IF EITHER, NOTIFY MEDICAL EXAMINER)	ne, farm, factory, offica bldg., etc.)	21c. WHERE DID INJURY OCC	JR? (City or town)	(County) (Steta)
Wh	. INJURY OCCURRED	21f. HOW DID INJURY OCC	JR?	
22. I hereby certify that I attended the dece alive on the signature 1955 and 1955 and 1956 a		Delmas		stated above. DATE SIGNED Sunty 6 / 45' (State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE QUELO, 1950 PROVING C.		FUNERAL DIRECTOR'S		ADDRESS Oslima Lle

ST SPORTIAS	HOMEST OF HEALTH	RATE STATE DEA	WARY
	ATO TO AT	CERTIFICA	
Parkación 40 az 40m api	STATES AND LAND		ALCOHOLD BY A DAMESTIC
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BUREAU V. E.	Comment All III		
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A15-VS.

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7221 CERTIFICATE OF DEATH

07235

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY (1)1COm1CO MARYLAND	STATE Maryland COUNTY Worcester
CiTY (If outside corporate limits, write RURAL) LENGTH OF STAY	
OR and give nearest town) (in this place)	TOWN PORT Son 234 2
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS O DIL
STREET ADDRESS Jeninsula General Hospita	1 11 # 2 7204 365 V
	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (SAAC	Williams DEATH: July 1 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRG.
m RACE: WIDOWED, DIVORCED. Specify):	1898 57 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even if this restor Painting	Mariland This
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
E 111'00	600 400000
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
	C ' (1) 111 11
(Yes, po, or unk.) (Y/Xes. trife war or dates	Unnie T. Williams
18. MEDICAL CERTIFICAT	The state of the s
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
33/X IMMEDIATE CAUSE (A) Corele	ial hemanle age, 24 lus
IMMEDIATE CAUSE (A)	A F 555.
ANTECEDENT CAUSE (S)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	YES NO D
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	
21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
OF INJURY While at work at work	
	D 10.00 7-1 10.65 13.4 X 1
	0, 19.53, to 7-1, 19.53, that I last saw the deceased
	8 M, from the causes and on the date stated above.
SIGNATURE ()	ADDRESS DATE SIGNED
	1. D. Jales May, Md. 1-2-55
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (State)
1-10-55 Unville	Cemelery Pococomoke, Ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAND	Whaton & Savage, New Church, Wa
17 17 17 17 17 17 17 17 17 17 17 17 17 1	The state of the s

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BUREAU V. S.

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carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. MEDICAL EXAMINER'S CERTIFICATE OF

								711	J	A
I. PLACE OF DEATH:				2. USUAL RES	SIDENCE (H	OME) OF	DECEASED:			
COUNTY Wicomico		MARYLAN	ND	STATE	Md.	COUNTY	y Wicon	mico		
CITY (If outside corporate OR and give nearest town YTOWN Mardela	limits, write RUF	LENGTH O	place)	CITY (If o	outside corpor		rite RURAL	and giv	e nearest	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R	F D 1			STREET ADDRESS	RFD	(If rura	i, give locati	on)		1
3. NAME OF (Fire DECEASED:	st)	(Middle)		(Last)			(Month)	(Day)	(Year)	
(Type or Print) Jul	ia	Alenia		Wilson		F EATH	7-	19-	19	55
F 6. COLOR O	WIDOV	E. MARRIED. VED. DIVORCED. Divorced		6-9-1917	9. AGE	Q	Months		Hours	R 24 HRS
10a. USUAL OCCUPATION work done during most even if retired): Tea	(Give kind of I	0b. KIND OF BUSI INDUSTRY: School	INESS OF		PLACE (State	te or foreig		12. CIT CO U.	UNTRY?	F WIIA
13. FATHER'S NAME:				14. MOTHER'S	MAIDEN N	AME:		1000		
Robert Ho	rsey				Addie	Jeffer	raon			
15. WAS DECEASED EVER IN U.S (Yes, no, or unk.) (If Yes, give Unk service)	war or dates of		No.:	17. INFORMAN	T & ADDRES	SS:				
OILK	1	213-22-6311		Mrs. Anni		ller, l	Mardela	, Md.		
I. DISEASES OR CONDITION	S DIRECTLY LE			AL CERTIFICAT	NOI			- 1	TERVAL I	
Immediate cause	(a) Me	tastatic ca	rcino	ma of lung	Ç8				mont	
Antecedent cause(s) Diseases or conditions, if a giving rise to the above c stating underlying cause	ause DUE TO	Carcinoma o	f bre	asts-bilat	teral.	••••	•••••••••••••••••••••••••••••••••••••••	2	year	8.
II. OTHER SIGNIFICANT CO. TO THE DEATH BUT DISEASE OR CONDITION	NDITIONS CONT NOT RELATED	TO THE								
19a. DATE OF OPERATION:								20	Yes [PSY?
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUT CAUSE OF DEATH.	TING O	JURY	oldg., etc.,		or town)		ounty)		(State)	
21d. TIME (Month) (Day) (YOURY	Year) (Hour) 2: M.	While at Not	RRED while work	21f. HOW	DID INJURY	OCCUR?				
22. I hereby certify that find that death result	I took charge ted from: Na	of the remains	describ Accid	ed above, helent [], Suice	ld an Auto	psy [],] Homicide	Inspection □, Unde	In etermin	quiry [anuse 🗆



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information age is especially important. Physicians: please write the causes of death clearly PLEASE

MARGIN RESERVED FOR BINDING

25. BURIAL, CREMATION, REMOVAL (Specify): Buried

SIGNATURE

DATE THERE

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINE ASSISTANT MEDICAL EXAM.

(State)

DATE SIGNED

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

Wesley Cemetery Ms 324 E. Chu Mary a Stewar

DATE REC'D BY LOCAL

BUREAU V. S.

102 SE 1955

BECEINED

CERTIFICATE OF DEATH

AVELUE REPORTED TO HOME AND STATES AT on buyanta mente S. 38 . M. Hill aming!

State . Marking . Malares, Sans

BUREAU V. S.

5961 81 TAP.

Sering Hill Commons apping Hill, Mariana

the File & Goodson Co. Talksborr, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1	"	- 7	8
4	Fred		13

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
COUNTY WICOMICO MARYLAND	STATE MARYLANDCOUNTY SOM	PRRAT.
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a:	nd give nearest town)
OR and give nearest town) (in this place)	TOWN VENTUR.	19x-2
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS PENINGULA GENERAL HOSPITA	ADDRESS R. R. #3, Boy 252	· /
3. NAME OF (First) (Middle) (DECEASED: (Type or Print) FMMA	(Last) 4. DATE (Month) (E OF DEATH: July	(Year) (Year) 26 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	Ays Hours Min.
FEMALE COL. (Specify): Nec.	3,1901 33 yrs.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if reflect);	M. BIRTHPLACE (State or foreign country): 12.	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	WSA
Thomas Winder	Josephine unders	-ou
15, WAS DECEASED EVER IN U.S. ARMEO FORCES? 15. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	T. INFORMANT & ADDRESS:	/
of service) 220-05-1993	John Woolfer.	d
18. MEDICAL CERTIFICAT	ION /	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
260X Austilia	mix	16 hrs
IMMEDIATE CAUSE (A) DUE TO		
ANTECEDENT CAUSE (S)	1 Pyclonephritis	>
GIVING RISE TO THE ABOVE CAUSE DUE TO	- Topologian - S	
STATING UNDERLYING CAUSE LAST.	industri P-V Deseace	
	Lister at 1 - 1 - 1 - 1 - 1 - 1	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSYT
1		YES NO
21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While M. While at work at work		
22. I hereby certify that I attended the deceased from	26, 1953, to 7/2 6, 1953, that I last	saw the deceased
alive on 7/2 6, 19.3, and that death occurred at	1.45 MM, from the causes and on the date s	stated above.
SIGNATURE / O C	ADDRESS / DAT	E SIGNED
Helleam Nyan M	. D. Salushing hid	7/2015
	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
131-33 Grace	emelery Wenton, 41	ra.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 PUNERAL DIRECTOR	ADDRESS

Supply every item of information carefully. The MARGIN RESERVED FOR BINDING OR WRITE PLAINLY, WITH UNFADING INK. PLEASE TYPE

BUREAU V. E.

101 S9 1955

DECENED